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THE  
BULLETIN  
OF  
The North Carolina  
Dental Society



CONTAINING THE  
PROCEEDINGS  
OF THE  
SIXTY-SECOND ANNUAL MEETING  
MAY 11, 12, 13, 1936  
PINEHURST, NORTH CAROLINA

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Vol. 20

AUGUST, 1936  
RALEIGH, N. C.

No. 1

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# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

CONTAINING THE

### PROCEEDINGS

OF THE

SIXTY-SECOND ANNUAL MEETING

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# TABLE OF CONTENTS

## MONDAY MORNING SESSION, MAY 11, 1936

	PAGE
Invocation .....	1
Address of Welcome and Response.....	2
President's Address.....	3
Report of Necrology Committee.....	7
Remarks by Dr. C. V. Reynolds.....	14
Quotations and Observations, Dr. J. H. Wheeler.....	15
Dr. George Winter, President of the A. D. A.....	19

## MONDAY AFTERNOON SESSION

Paper—Roentgenographic Variations of the Maxillary Sinus and the Nutrient Canals of the Maxilla and Mandible, by Dr. LeRoy M. Ennis .....	21
Paper—Organized Dentistry, Present and Future, by Dr. C. J. Caraballo....	29
Meeting of House of Delegates:	
Committee Reports:	
Dental Relief.....	32
Publicity .....	33
State Institutions.....	33
Military .....	33
Editor-Publisher .....	34
General Arrangements.....	35
Local Clinic.....	38
Program-Clinic .....	38

## MONDAY EVENING SESSION

Paper—A Discussion of a Ridge Preserving Technique for Full Denture Prosthesis, by Dr. Norman B. Nesbett.....	39
Paper—You Can't Tell Which Way a Bull Frog Will Jump, by Dr. E. B. Howle .....	47
Activities of Board of Dental Examiners Approved.....	53

## TUESDAY AFTERNOON SESSION, MAY 12, 1936

Paper—Roentgenographic Technic (Intra-oral and Extra-oral)—(Illustrated Lantern Slides), by Dr. LeRoy M. Ennis.....	54
Annual Dinner.....	62

## TUESDAY EVENING SESSION

Election of Officers.....	67
Selection of Place of Meeting.....	74
Meeting of House of Delegates:	
Committee Reports:	
Oral Hygiene.....	75
State Board of Dental Examiners.....	80
Ethics .....	84

# TABLE OF CONTENTS

WEDNESDAY MORNING SESSION, MAY 13, 1936

	PAGE
Paper—Report of the Activities of the Committee on Dental Economics of the A. D. A., by Dr. J. A. Sinclair.....	85
Illustrated Lecture—Surgery as an Aid to Prosthesis, by Dr. Guy R. Harrison .....	88
Report of Committee on the President's Address.....	88
Paper—Syphilis, a Public Health Problem, by John H. Hamilton, M.D.....	89
Meeting of House of Delegates:	
Committee Reports:	
Executive .....	94
Membership (discussion reference penalty) .....	95
Five-State Post-Graduate Clinic.....	99
Secretary-Treasurer .....	102
Clinic Board of Census.....	104
Resolutions .....	104
Legislative .....	109
Liability Insurance Committee.....	110
Suspended Members.....	98
New Members .....	98
Change in Section 7 of the By-Laws (Ethics).....	111
Delegates to A. D. A. to Report at State Meeting.....	116
Dental Member of State Board of Health to Report.....	116

## GENERAL SESSION

Installation of Officers.....	117
Committee Appointments.....	117
Roster of Membership.....	123
Dentists Licensed in 1936.....	128
Roll of Life Members.....	128
Inactive List.....	130
Past Presidents.....	130
Honorary Members.....	130

# PROCEEDINGS

OF THE

## NORTH CAROLINA DENTAL SOCIETY

### SIXTY-SECOND ANNUAL SESSION

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CAROLINA HOTEL, PINEHURST, NORTH CAROLINA  
MONDAY, TUESDAY, AND WEDNESDAY, MAY 11, 12, 13, 1936

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FIRST DAY—MONDAY, MAY 11, 1936

The opening session was called to order at 9:30 o'clock a.m., by President Z. L. Edwards.

*President Edwards:*

Members of the North Carolina Dental Society, Ladies and Gentlemen: The Sixty-Second Annual Meeting of the North Carolina Dental Society will now please come to order.

We will now have the invocation, by Dr. T. A. Cheatham, pastor, Village Chapel, Pinehurst, North Carolina.

*Dr. T. A. Cheatham:*

O God, our Heavenly Father, on this beautiful morning, in the midst of flowers and blossoms and spring life, we are grateful for the gift of life. We feel that you are the Author and Giver of all good things, and we look to Thee for the inspiration of every good and worthy thing that we do. We not only thank Thee for this gift of life but for the opportunity of contributing our part towards making life more perfect.

And so we ask Thy blessings upon us as we meet here together to talk about the things of our profession. Since our last meeting some of our members have been taken from us. On this day we would remember them. We ask Thy blessings upon their families. We feel that they were a part of our fellowship and we pay our tribute to their devotion this morning. We ask Thee to come and meet with us and direct us in all the deliberations of this convention. We ask Thee to plan things which shall further the profession of Dentists. We ask that we may feel the dignity of coöperating with Thee in giving health and life to Thy suffering children.

Bless us in all our deliberations, we ask in the name of Jesus Christ. Amen.

*President Edwards:*

The address of welcome was scheduled to be given by Mr. Richard S. Tufts, but circumstances arose which prevented his being here with us. Mr. F. T. Keating, Secretary of the Chamber of Commerce, who has agreed to pinch-hit, will now give us the address of welcome. (Applause.)

*Secretary of the Chamber of Commerce:*

Mr. Chairman and members of the North Carolina Dental Society: On this beautiful morning it is a real opportunity and privilege and pleasure to be able to welcome you to Pinehurst, to extend to you our most cordial welcome. We are glad to have you with us and trust that you will have a most successful meeting and a very enjoyable time.

If there is anything that we can do for your pleasure, please let us hear from you. I thank you. (Applause.)

*President Edwards:*

That was one of the best addresses of welcome that I ever heard. (Much applause.)

The response to the address of welcome will be given by Dr. G. A. Lazenby.

*Dr. G. A. Lazenby:*

Mr. President and Mr. Secretary, Fellow Members of the North Carolina Dental Society: In responding to this very cordial address of welcome, I wish to say that we remember Pinehurst as a most happy meeting place on former occasions. This resort is world famed, and furnishes rest and recreation to many illustrious people. We wish to congratulate you people on your foresight and ability in providing such a haven of rest for tired minds and weary bodies. Nestling here on the sun-kissed slopes of Eastern Carolina, this resort offers the best sports, entertainment, and hospitality.

We of the grand old State of North Carolina are indeed fortunate in having Pinehurst, and other attractive resorts scattered throughout the State. Truly we can say:

“Here’s to the land of the long leaf pine,  
The summer land where the sun doth shine;  
Where the weak grow strong, and the strong grow great,  
Here’s to down home, the Old North State.”

The word “Welcome” means so much. On the threshold of many buildings, particularly some of the older ones, you may see this word inlaid, or interwoven in the foot-mat at the entrance to the building. This is so significant, so different from the cold German “Verboten” or our English “Keep out.”

Today the world needs more of this spirit of welcome. Such a different place this world of ours would be if we were all imbued with this spirit.

Ominous war clouds hover over part of the earth. Greed seems to be god, and brother is pitted against brother. Blood flows where love should reign. If this spirit of welcome prevailed: On the borderland of our nation, and other nations, this wonderful word would be emblazoned in letters of fire, reaching to the sky, and all men would be friends.

Mr. Secretary, we are happy to be here today, and we promise you, our host, that we, your guests, will enjoy to the fullest our stay in Pinchurst. (Applause.)

*President Edwards:*

I will ask our Vice-President, Dr. J. F. Reece, to take the chair.

*Dr. J. F. Reece:*

At this time we will have the President's Address.

*Dr. Edwards:*

*Mr. President, Members of the North Carolina Dental Society, and Guests:*

As your president for the past year, I have been looking forward to this day with keen anticipation and with sober and calm deliberation. Not for a single day have I been free from the consciousness of the fact that in bestowing upon me this honor that you have also invested me with a tremendous responsibility. For the honor, my heart is full of gratitude. For the responsibility, my spirit is and has been keenly aware of my unworthiness in being able to provide the able and intelligent leadership which the North Carolina Dental Society deserves. For your sustaining patience and your sympathetic counsel I am truly thankful. For your professional loyalty and your unfailing support and coöperation I am deeply appreciative. For the fellowship and the understanding which have characterized our association during the year, I am happy to declare that I, myself, have caught a new meaning and a new purpose for organized dentistry in its efforts to improve the service which we render the public at large.

I have anticipated this day because it provides the opportunity for a great host of professional workers engaged in the art of relieving suffering and improving health to meet in a great professional assembly in which we could discuss problems of mutual interest and in which we could intelligently consider their proper solution. I have anticipated this assembly because from it I had learned to draw inspiration and courage, and from each of you I had come to know and appreciate more keenly the type of men who make up the Society. I have anticipated this part on our program with soberness and with consideration, because I wanted to be able to contribute some small part to the task of providing you with food for thought and consideration after each of us had returned to our several homes. I have come to this hour conscious of my responsibility, because I wanted to continue the record of leadership for which this organization has been noted and I desired to return to my field of service cognizant of the fact that I had not been unmindful of your trust nor negligent of your faith in me.

During the past year it has been my privilege to attend all of the district meetings except that of the First. Circumstances over which I had no control prevented my meeting with the members of the First District, at Hendersonville, last fall. Again I express my deep regret, because, aside from my official duty, I feel that I, personally, was the loser.

I am glad to report that the meetings were well attended and that the programs arranged were of the highest order and were in keeping with the high standard set during preceding years. The fellowship experienced and the many courtesies extended me during my visits afforded me an opportunity to appreciate more keenly the spirit of loyalty and service on the part of our members.

In addition to the district meetings, I have attended every meeting of the Program and Executive Committees. Knowing something of the problems which they faced and of the manner in which they sought to solve them I cannot praise each and every member too much for the efficiency and sincerity of purpose with which they labored in the discharge of their duty. Time does not permit my naming each committee and each member who has contributed to the success of the past year's work and to the success of this meeting. I hope that public acknowledgment of my sincere gratitude for the unselfish service of all the committeemen, and of each of you, will suffice at this time.

The time is now at hand in this country when we as a profession must face certain social and economic trends, and we must definitely chart some course of procedure in meeting these trends if we as a profession are to have any part whatever in determining the future relation of dental services to the receiving public. The period of inactivity is past. Living in a changing world, we must be prepared to meet and cope with changing conditions.

Shakespeare causes Prince Hamlet on one occasion to declare: "The time is out of joint. Oh cursed spite, that ever I was born to set it right!" Hamlet's philosophy of the utter futility of effort on our part has no place in our program. The time is out of joint. I, individually, am not proposing to set it right, but I do intend today to issue a challenging appeal to you to enlist in an intelligent and uncompromising crusade, in coöperation with the American Dental Association, to defend our profession against those foreign and un-American ideals and practices which at present are receiving attention in alarming proportions in certain parts of our country.

We have recognized the fact that conditions created by the depression were only temporary and that they demand temporary treatment. No one can rightfully accuse the dental profession of North Carolina of failing to provide such treatment or of refusing to coöperate with other agencies in relieving suffering and distress. There are those, however, who would seek to change our whole social and economic structure just because certain evils have manifested themselves in our professional and industrial relations.

One of the dominant characteristics of our American people during the post-war period has been to become dissatisfied with things as they are. The spirit of change is in the air. We hear it on every hand. On April 4th, Dr. E. McNeill Poteat, pastor of one of the largest churches in Raleigh, in speaking before a group of high school seniors representing a national honor society said: "We are going to reorganize our economic world, making it collectivistic instead of individualistic." This statement is representative of the thought of many of our leading citizens. The danger in such statements lies in the fact that those who use them seldom take time to explain how they propose to make our world collectivistic. The philosophy of collective effort in order to satisfy human needs has been widely scattered. Some of the seed have fallen in fertile soil. The doctrine of individual worth, initiative, and reliability, as actually constituting the essential elements of organized society, is being neglected. Collective behavior and collective effort can rise no higher than the quality of the men who compose the group. Any government which neglects the individuals, who form the very fiber of that collective structure, hastens its own downfall.

During the past months some of our Federal Government officials have talked much of a planned economic order, an enforced collective effort, and legalized coöperative society.

Interests with power and influence in control of various agencies for distributing ideas and molding public opinion have literally shelled our people with a barrage of propaganda intended to make us socially minded. These facts, unpleasant as they are, we must admit. Two things we must not do. We must not admit the futility of effort and we dare not ignore facts.

Personally, I feel that the dental profession of North Carolina has in the past and is continuing to render more real constructive and efficient dental relief without remuneration or hope for material gain than could be had under any compulsory health plan, with its burdensome overhead and the political red tape incident to the administration of any such plan.

You do not desire me, nor do I propose to enter further, into a long discussion relative to the arguments for or against insurance or any other socialized form of dental service. Suffice it to say, that if we believe and rely upon the judgment of competent observers, including the President of the A. D. A., who have visited European countries and observed compulsory insurance dentistry in actual operation, we have but one decision to make, oppose, resist, and fight this scheme as being contrary to American principles and against the best interests of the receiving public.

Being duly cognizant of the fact that this trend of thought is definitely before us, and that its momentum is slowly but surely increasing in the minds of the masses of the people, and realizing that organized dentistry is opposed to compulsory health insurance, I am strong in my conviction that the North Carolina Dental Society should, without delay, chart some definite course of procedure in defense of those high standards which it has taken generations to attain and which we believe to be in the interest of the public at large. I have never been accused of being an alarmist. I make my appeal to reason and sanity. May I suggest some things which I think would be wise and expedient for us to do now?

I suggest, first of all, that our Socio-Economics Committee continue its thorough and intensive study of this problem and of all of its ramifications pertaining both to the needs and the practical application of any such relief plan. This information is important and necessary if we are to offer intelligent opposition to legislative proposals for compulsory dental service.

My second suggestion is by virtue of its repetition a stereotyped one in nature. For years it has been one of the theme songs of organized dentistry, and today I join in the chorus by saying, let's complete the process of organization. We should redouble our efforts to induce every ethical nonmember of our profession to become a member of organized dentistry. The benefits of membership are mutual and I long to see the time when the nonmembers will recognize their obligation to this society and will assume some responsibility in helping to strengthen its activities. Anyone can help consume the spoils of war, but it takes a real soldier to help capture these spoils in actual combat.

Suggestion number three is that organized dentistry initiate an educational campaign for the purpose of informing the laity concerning the ethics and ideals of organized dentistry. Heretofore the defense weapons upon which we have depended for resistance have been the adverse knowledge and all of the unfavorable facts that we could acquire concerning compulsory health insurance, plus the numbers in our own ranks who would oppose such health service. We have entirely overlooked the power and importance of public opinion. It does not require the wisdom of a Solomon nor the prophetic vision of an Elijah to see that if these Socialistic tendencies are to be successfully resisted and defeated it will be through the instrumentality of an intelli-

gent public opinion. If we are defeated and the worst should come, it will be not as a result of what the public knows but as a result of what it does not know concerning the ideals of our profession.

To the average layman organized dentistry is similar in purpose to a labor union or a business or commercial organization. He does not know that our profession is organized for the purpose of protecting the public at large and the advancement of the science of dentistry from which he is the principal beneficiary. In the absence of his knowledge of our professional activities and ideals he thinks only in terms of individual gains or group profits.

These are facts that cannot be successfully disputed.

There is a feeling in the minds of some of our people that we meet for the purpose of combining our efforts to raise and maintain high fees, and in so far as I know we have done nothing to dissipate this misinformation. If we hope for the support of public opinion we must properly inform our people. They must know the difference between a professional organization whose ideal is service and the protection of the public welfare and that of other organizations whose ideal is private profit or group benefits at the expense of the public. I am of the opinion that we should bring to the youth in the schools of our State the professional viewpoint of the dentist in regard to his profession, so that these young people as they grow into manhood and womanhood may do so with sound business and professional attitudes. Did you realize that what the average young person of today learns about the various professions, he does so from some person other than a professional man? When men of theory take the place of men of action in shaping the attitudes of future citizens we may expect disturbed social and economic conditions.

Under no circumstances would I consider this activity professional advertising. To enable the citizens to understand the actual conditions under which dental service is now provided, to correctly interpret the aims and purposes of organized dentistry, and to properly evaluate the advantages or disadvantages of any proposal to change either the method of distributing or that of paying for the services, is the major purpose of this proposal.

Now do not misunderstand me. I do not propose this educational activity with the idea of reaching the public through newspaper advertisements, pamphlets, or circular letters. Neither would I, under any circumstances, suggest using the Department of Dentistry, State Board of Health, as a distributing agency. I believe it can be done through individual effort in coöperation with a Public Relations Committee.

Fourth, this organization should continue to coöperate with the North Carolina Medical Society to the fullest extent in carrying out its health program and in perfecting its health service. They face the same problems that we face. Those misguided reformers and social fanatics who seek to complete their work before the public have had an opportunity to definitely understand the consequences of such a change, have included all the different branches of medical service in their plans for socialistic reform. If we do not have the necessary information in order to protect the public against misinformation and deception, it is certainly time for us to combine our efforts in this problem of mutual interest.

I cannot close this address without making special mention of our Oral Hygiene Department.

Progressive legislation, the adoption and able execution of wise and judicious policies concerning mouth health have brought to our program national recognition. Letters from all over the United States come to our State Board of Health requesting information concerning our Mouth Health Plan. North Carolina is one of five states in the Union that employs a full-time dentist in its Health Department, and is the only State having a law making a dentist a member of each county board of health. Mouth Health Programs in most

states are engaged primarily in clinical work for children, and have not yet gone into the broader aspects of the work, namely, Mouth Health Education.

At present our Division of Oral Hygiene is carrying on the policy of teaching Mouth Health Education and the prevention of oral infection, particularly in children, with a minimum amount of clinical work. I heartily endorse this program and urge that you give it your sincere support and coöperation.

In Dr. E. A. Branch, our director, we have a leader who not only is recognized in this State for his splendid capabilities and contributions to the general welfare, but is also recognized and regarded by health workers all over this country as an authority on dental health problems.

In this connection, I wish to recognize Dr. J. N. Johnson, of Goldsboro, who is the dental member of our State Board of Health. Because of his practical information, sound judgment, and scientific knowledge of health conditions, Dr. Johnson has been able to provide the State Board of Health with the type of service which has enabled it to provide the public with a superior quality of mouth health education. I desire to acknowledge with grateful hearts our gratitude to the State Board of Health and to our State Health Officer, Dr. Carl V. Reynolds, for the coöperation and support which they have given the Division of Dentistry.

Our State Board of Dental Examiners have zealously and conscientiously labored to uphold the standards of our profession as well as the enforcement of our dental laws. I especially commend them for their efforts to enforce the law with reference to commercial clinics.

Now, in closing, I wish to remind you that before many months our State Legislature will convene at Raleigh. We must be prepared on a moment's notice to provide these men with such information as they may need in order to act intelligently in considering legislative proposals which concern themselves with our profession and its services.

I call upon the North Carolina Dental Society to assume the leadership in providing this type of service.

Confident of the fairness and the justice of this procedure, having some knowledge of the type of men to whom I speak, and having the utmost confidence in a democracy founded upon intelligence, I have at some length given you some of my opinions and reactions. If I have succeeded in challenging you to weigh, to consider, and to evaluate every phase of our problems, I shall be satisfied.

(Very much applause, all rising.)

*Vice-President Reece:*

I shall appoint, as members of a committee on the President's Address, Dr. S. Robert Horton, of Raleigh, Dr. Dennis Keel, of Greensboro, and Dr. John McClung, of Winston-Salem.

*President Edwards:*

Dr. J. S. Betts, chairman of the Necrology Committee, will please make his report at this time.

*Dr. Betts:*

Mr. President, Members of the North Carolina Dental Society, Distinguished Guests, Visitors, Ladies, and Gentlemen:

Year after year we continue to dedicate this hour to the memory of our fallen comrades; and I doubt that we do anything during our entire meeting more appropriate or beneficial. Edmund Burke caught up a

great truth and encased it in imperishable speech when he said that "Civilization is a contract between three parties—the living, the unborn, and the noble dead." We would be loath to allow the pressure of business, or anything else, to crowd out this sacred hour.

There is no art or science, no expedient of love or wisdom that can take all the sting out of death. We may flush pale cheeks with artificial color, lay them tenderly away under the blanket of flowers, and comfort our hearts by recalling their virtues. These help to allay the pain and counteract the loneliness of the Great Separation. Yet are the days weary and the nights insufferably long. They are gone—and they will not come back, save in our dreams, and sometimes in strange psychic experiences. The thing to do—the source of our solace—is to go again to Him who hath set eternity in our hearts and brought life and immortality to light.

Along with some of you and in company with many men in as many walks of life, who have seen their purposes broken off or their homes made desolate, I have reëxamined the old evidences and intimations of immortality. From the ancient hope which made the Egyptian erect the pyramids; the Arab tie the camel beside the grave of his chieftain; and the Indian bury the weapons of the chase to be used in the Happy Hunting Grounds, to Cato's strange reasoning and strange longing after immortality; I have weighed them all—and with what results? I feel beneath me these solid truths: I rest my case on the nature and character of God, the reality of spiritual life, and the resurrection of the dead. I lay me heartily on the greatness and goodness of God.

"When in the maddening maze of things,  
And tossed by storm and flood,  
To one fixed stake my spirit clings:  
I know that God is good."

I know, also, that the wise goodness of the Father is not incompatible with human suffering, pain, and death. Would that we could all say, like Goethe, "I never had an affliction which was not turned into a poem."

And this longing after immortality, which is so firmly fixed in the very fibers of our being, is not only the basic truth of our Christianity, but it is the glorious theme-song which has rung down through the centuries since the stone that sealed the crypt of the crucified Christ was rolled away, and since He, in the resurrection, proved that the grave is not the end.

Since our last meeting a year ago at beautiful Blowing Rock, seven of our members have quit this mortal sphere and entered into realms immortal. They are:

G. B. Patterson, W. J. Payne, J. L. Leggett, J. F. Whisnant, J. R. Butler, J. H. Hurdle, and S. E. Douglass.

I recognize Dr. J. H. Judd, of Fayetteville.

DR. GEORGE B. PATTERSON, FAYETTEVILLE, N. C.

AUGUST 29, 1861—SEPTEMBER 12, 1935

Dr. G. B. Patterson, son of Isaac and Julia Perry Patterson, was born at Bear Creek, Chatham County, North Carolina, on August 29, 1861. He died suddenly at his home in Fayetteville, North Carolina, on September 12, 1935.

After graduating from the School of Dentistry of the University of Maryland in 1889, Dr. Patterson located in Fayetteville.

On April 30, 1890, Dr. Patterson married Miss Hettie Miller King. Mrs. Patterson died only a few months before Dr. Patterson.

Surviving them are the following children: Mrs. C. A. Walters, Lacy L. Patterson, Mrs. J. S. Chandler, Miss Martha Patterson, Frank, Jay, and Miller Patterson.

In his second year at college Dr. Patterson won the Frank L. Wood Gold Medal for the best gold filling in his class. The same skill was evidenced in all his work. He joined the North Carolina Dental Society June 14, 1889, and through all the succeeding years he remained a faithful member.

In his chosen profession Dr. Patterson was eminently successful, but he was never too busy to serve his community in other ways. For six years he was a member of the board of aldermen, and for more than thirty years he was a steward of the Hay Street Methodist Church. At the time of his death he was an honorary member of the board of stewards.

The writer was associated with him in practice from 1902 to 1912. Our association was unusually happy, and helpful to me, and I am proud to say that a friendship, more than professional, developed between us—the memories of which are precious.

You, members of the North Carolina Dental Society, as we pause to honor the memory of George B. Patterson, can join us who knew him more intimately as we repeat:

“Now the laborer’s task is o’er,  
Now the battle day is past;  
Now upon the farther shore  
Lands the voyager at last.  
Father, in Thy gracious keeping  
Leave we now Thy servant sleeping.

“‘Earth to earth, and dust to dust,’  
Calmly now the words we say,  
Left behind, we wait in trust  
For the resurrection day.  
Father, in Thy gracious keeping  
Leave we now Thy servant sleeping.”

Respectfully submitted,

J. H. JUDD.

*Dr. J. S. Betts:*

I recognize Dr. J. R. Edwards, of Fuquay Springs:

DR. WALKER JOSEPH PAYNE

APRIL 20, 1882—APRIL 6, 1936

Dr. Walker Joseph Payne was born April 20, 1882, near Axton, Virginia. He was the son of Thomas Walker Payne and Eliza Parrish Payne.

Dr. Payne received his high school education at Grey Stone Academy in Virginia. Later on in life he decided to study dentistry, entering the Southern

Dental College in Atlanta, Georgia, in 1912. He graduated there in June, 1915. After passing the Georgia State Dental Board and the North Carolina Dental Board that summer, he began the practice of his profession at Leaks-ville, N. C., practicing there until July, 1916. He then moved to Clayton, N. C., and enjoyed a lucrative practice there until about three years ago, when he retired, due to ill health.

Dr. Payne married Miss Lillye Minter of Sandy River, Virginia, on January 16, 1916. To this union there were born two children, John Edward and Joseph Minter, all survive him.

Dr. Payne was a member of the Xi Psi Phi Dental Fraternity, the American Dental Association and its component organizations, and Clayton Baptist Church. He died at his home on Stallings Street, Monday morning, April 6, 1936, at 9:30 o'clock. Funeral services were conducted from his home Tuesday, April 7th, by his pastor, Rev. Yancey Elliott, and interment was in Maplewood Cemetery, of Clayton, where atop the hill the body sleeps in a grave covered with beautiful flowers, a tribute of love and respect from a host of friends and neighbors.

Through hard work and painstaking application to his profession, he built a splendid practice and a community-wide reputation for honesty and square dealing.

Not only in his profession were these characteristics outstanding, but in his every association with his fellowman he hewed to the line in all his transactions. Though his manners were somewhat retiring he was friendly by nature and in his acquaintances he formed many warm friends. He was possessed of a brilliant mind, a keen sense of humor, and a splendid Christian character.

*Whereas:* In his going the citizens of Clayton, N. C., as well as the dental profession, have suffered the loss of a good citizen and dentist.

*Resolved:* That we, the members of the North Carolina Dental Society, feel deeply the loss, and hereby express our appreciation of his worth and friendship.

*Resolved:* That a copy of this memorial be entered in the minutes, a copy sent to the members of his family, and a copy published in the proceedings of the North Carolina Dental Society.

Respectfully submitted,  
J. R. EDWARDS

*Dr. J. S. Betts:*

I recognize Dr. Luther H. Butler, of Greensboro.

Dr. J. L. Leggett was born in Martin County, North Carolina, April 14, 1873, and died October 6, 1935.

He attended the University of Maryland, at Baltimore, graduating in 1898. After graduation he practiced dentistry for a very short time at South Mill, North Carolina, and then moved to Hertford, where he practiced until his death.

In 1900 he married Miss Bertha White Willcox.

Dr. Leggett was a faithful member of the Hertford Methodist Episcopal Church and of the Masonic Order.

Besides his widow, who survives him, is one son, Lanier, of Elizabeth City.

It was the privilege of the writer to practice dentistry within one block of Dr. Leggett for more than eight years and in every respect he was always found to be a perfect gentleman.

There was never a more ethical dentist in the North Carolina Dental Society than Dr. Leggett.

Respectfully submitted,  
LUTHER H. BUTLER.

*Dr. J. S. Betts:*

I now recognize Dr. A. Pitt Beam, of Shelby.

The dental profession lost one of its oldest active practitioners when Dr. J. F. Whisnant, of Henrietta, dean of the Rutherford County Dental Association, died on February 2, 1936. Dr. Whisnant had been sick only a week, having suffered a heart attack on January 27th. He was active in the practice up until this date, and had rounded out more than four decades of service to his patients. He was seventy years of age, and would have attained his seventy-first year on April 7, 1936.

His first training was served as an apprentice prior to 1892 to Dr. W. M. Stroud; following this, he entered the Tennessee Dental and Medical College in 1892. After graduating from there, he located at Henrietta, where he has remained since. He also took post-graduate work in 1901 at Baltimore Dental College; other than that, his practice has been continuous.

Dr. Whisnant was a dentist of the old school, and though he had not adopted the use of the X-ray, and some of the latest methods, his large clientele was an emblem of his proficiency.

Respectfully submitted,

A. PITT BEAM.

*Dr. J. S. Betts:*

I now recognize Dr. Clarence D. Bain, of Dunn.

DR. JAMES RANSOM BUTLER, D.D.S.

NOVEMBER 9, 1885—FEBRUARY 26, 1936

Dr. James Ransom Butler, of Dunn, N. C., died in Rex Hospital, Raleigh, on Wednesday evening, February 26, 1936, after an illness of two weeks with influenza that developed into pneumonia. Funeral services were held from his home in Coats on Friday afternoon at 3 o'clock, interment in the Coats Cemetery. Attending dentists and physicians served as honorary pallbearers.

Dr. Butler, son of Abner J. and Lou Duncan Butler, was born at Salemburg, N. C., Sampson County, on November 9, 1885. He attended the public school there and at Delway High School, from which he was graduated in 1906. In the year 1910 he entered Baltimore Dental College to prepare himself for his chosen profession. Graduating from that institution in the spring of 1913, he located in Dunn, N. C., in July of the same year, where he successfully practiced dentistry for 20 years, or until his death.

Dr. Butler was an active member of the Presbyterian Church at Dunn, and was for several years the superintendent of the Sunday school. He was a member of the Rotary Club and of Palmyra Lodge, No. 147, A. F. and A. M. He was president of the Dunn Building and Loan Association, having been elected to that position in 1927. He was president of the Chamber of Commerce from 1924 to 1926. He had served as a member of the Harnett County Board of Health, and had been president of the Fourth District Dental Society, of which he was a loyal and faithful member. He was also a member of the State and National Dental Associations.

He was twice married; first, in 1915, to Miss Margaret Lamb, of Fayetteville, who died in 1927. A daughter of this union, Margaret Lamb Butler, survives. His second marriage was to Mrs. Edna Thomas Roberts, of Coats, N. C., who with her two sons, Howard and Clarence Roberts, survive him.

Dr. Butler was an affable, genial, capable member of our profession, who served his day and generation well. We mourn his loss.

Respectfully submitted,

C. D. BAIN.

*Dr. J. S. Betts:*

I now recognize Dr. J. S. Spurgeon, of Hillsboro.

#### DR. JOSEPH H. HURDLE

Dr. Joseph H. Hurdle was born at Anderson, Caswell County, North Carolina, in 1888. He moved to Mebane in 1913 and began his dental profession there.

He was a graduate of Atlanta Southern Dental College, class of 1911. Joined State Dental Association the same year. Held a certificate of attendance at the Extension Course of Northwestern University.

In 1918 he was married to Miss Lola Clap, of Siler City. She and one son, Joseph, Jr., survive. Also his mother, Mrs. Rebecca Walker Hurdle, and one sister and four brothers.

His integrity, skill, human touch, and sympathy won for him a large practice.

#### ARMY RECORD

He was among the first to enlist as a volunteer in the World War, and was assigned to duty in the Dental Corps as Second Lieutenant and stationed at Fort Caswell.

He remained there until February 19, 1919, when he received an honorable discharge.

On account of his ability and popularity, promotions came rapidly. Very soon he was made First Lieutenant, and then Captain. Thus he was in charge of the dental services at Fort Caswell during the entire period of the war.

After this, he was a member of the Dental Reserve Corps, and given the rank of Major. As such, he attended the Reserve Camp at Carlisle Barrack, Pennsylvania, July 5 to 19, 1925.

As a member of the dental profession, I would say that he had few equals and no superiors in North Carolina.

Alert, active, a student ever striving to give his patients the best service that skill, integrity, and honesty of purpose could possibly render. His knowledge went further than what is usually understood by practicing dentistry. He knew and understood the relation that diseased conditions of the mouth might and do affect the general health of the patient. Therefore, his services were preventive as well as corrective.

In public life he was an inspiration, taking part in all the worth while activities of his town and community, and evidencing a civic leadership of rare ability. And in these civic undertakings, even when handicapped by ill health, he maintained a spirit of cheerfulness and good will that served to keep his fellows on tiptoe. He was the ideal citizen—admired, trusted, honored.

In private life he was the soul without guile, generous, patient, and forgiving. He was a neighbor to those nearby and to those far from his fireside.

In his family life he exemplified, as husband and father, those qualities that make home real and lasting.

I would say that above all else he was true and faithful to his friends. I have been closely and intimately associated with him since he entered the profession. I have worked with him, played golf with him, and hunted with him, and I esteem it one of my greatest privileges and pleasures to have been associated with such a man.

We mourn his untimely death, but will cherish his memory so long as we live. In the language of the immortal Shakespeare, "We shall not look upon his like again soon."

Respectfully submitted,

J. S. SPURGEON.

*Dr. J. S. Betts:*

I now recognize Dr. H. R. Chamblee, of Raleigh.

DR. S. E. DOUGLASS

On October 5, 1935, Dr. S. E. Douglass was killed in a highway accident near his home in Raleigh.

Dr. Douglass was born in Troy, Montgomery County, January 10, 1884. He attended public schools in Carthage and Raleigh, afterwards attending Peele's Business College. He received his dental degree from the University of Maryland and later studied law at Hamilton College.

Dr. Douglass had not practiced dentistry for several years before his death, but devoted his time to real estate business and farming.

He served as a member of the General Assembly in 1933 and was reelected to the 1935 Legislature. Organized dentistry has never had a more staunch friend in the Legislature. It was largely through the influence of Dr. Douglass that the recent valuable laws were passed for the protection of the North Carolina dental profession. We owe the deceased a debt of gratitude and feel sure his influence will be reflected through the future progress of organized dentistry.

Respectfully submitted,

H. R. CHAMBLEE.

*Dr. J. S. Betts:*

Mr. Chairman, this concludes the report of the Necrology Committee.

*President Edwards:*

We thank you very much, Dr. Betts.

*Dr. J. S. Betts:*

Mr. President, if you will pardon me just at this time for breaking in to make a motion that a telegram of sympathy be sent to Dr. Richard Simpson, who has been confined at his home for some months. He fell and broke his leg on the ice in Richmond and it was my privilege a few days ago to be in the home and see him and it is not healing as it should. He is despondent and I believe a telegram of sympathy, well worded, from this organization would do him more good than two doctors.

*Dr. J. Martin Fleming:*

I take pleasure, Mr. Chairman, in seconding that motion.

(This motion was carried unanimously.)

*President Edwards:*

We have quite a number of visitors with us this morning. As I call your names, please stand up and be recognized: Dr. A. Y. Russell, of Baltimore, Maryland; Dr. Guy Harrison, of Richmond, Virginia; Dr. Norman Nesbett, Harvard University; Dr. C. J. Caraballo, of Tampa, Florida; and here we have the President of the American Dental Association, Dr. George B. Winter (much applause); Dr. Arthur B. Crane, of Washington, D. C.; Dr. LeRoy M. Ennis, University of Pennsylvania.

At this time I am going to take the privilege of introducing and presenting to you our very efficient State Health Officer, Dr. C. V. Reynolds, of Raleigh. (Applause.)

*Dr. C. V. Reynolds:*

Mr. Chairman, you certainly put me on the spot without a moment's notice! I came down to see you, gentlemen, but not to speak to you. And I am not prepared to make a speech, but while I am on my feet, I do want to express our appreciation, deep and sincere appreciation, of the survey made by the dental fraternity in North Carolina a few years ago, and say that that survey did more to make the people of North Carolina realize the need for Oral Hygiene than anything that was ever done. I hope that we are now able to render a service to the people that we never have been able to do before. And that in that service it has reflected to our benefit.

If we, I say we—whenever I say “we” I mean the medical profession and the dental profession. I believe, gentlemen, that those two professions are so interwoven that one is absolutely dependent upon the other, and, so far as the medical profession is concerned, we are with you one hundred per cent. (Much applause.) And I believe that the dental profession is just as loyal to the medical profession.

We are facing a new era and we might as well face that fact, and to regiment medicine or dentistry, to my mind, is to destroy its efficiency. And to prevent regimentation and to evaluate our services, we must recognize that there is a change. And we must recognize the fact that we must forget, as the president so well stated himself this morning, individualism, particular ideas, and think of it as a collective profession. We must not forget the individual service to the individual, we must think of individual service distributed to the welfare and the benefit of the masses, and in so doing we will prevent this wave that is about to submerge us and destroy regimentation, and it will destroy this contract practice, which, to my mind, will destroy the individual effort of both dentistry and medicine, which will cause a deterioration of our individual efforts, to the great disadvantage of the people at large.

I hope that you will enter in with us as we have endeavored to do the last year, through this immense opportunity, through funds coming from the United States Government giving us money, recently doubling our funds through the Social Security Act, to use this opportunity so that it will serve rather than to enslave us. I thank you very much. (Applause.)

*President Edwards:*

Before we enter into our part of this particular program, the chair wishes to make a short announcement: As your presiding officer during this convention, it is my desire and I shall exert every effort possible to open the meetings on time and close the meetings on time. In my effort

to do that I am surely cognizant of the fact that I am under two obligations, one to the listeners and one to the speakers. It is my desire to be fair and courteous to the speakers and fair to you. Now, I cannot realize that hope without the coöperation of both the speakers and the listeners. Our speakers have been allotted a certain amount of time on our program and it is my desire and it shall be my purpose that they shall have that length of time. And if you are interested in what they have to say, I am putting you on notice early in this session to be here on time. Please do not come in late and ask the speakers to repeat their lectures to you!

So I want to make that announcement to you now in order that you may know that if you come in late you are not likely to hear all the lectures. (Applause.)

Now, at this time, the next on our program is "Quotations and Observations," by Dr. John Wheeler, of Greensboro.

*Dr. John H. Wheeler:*

Mr. President and Members of the North Carolina Society, and Visitors: What I have to say to you this morning is not my own talk.

#### QUOTATIONS AND OBSERVATIONS

J. H. WHEELER, D.D.S., F.A.C.D.

The *ad interim* report of the Committee on Dental Prosthetic Service, 1934-35, published in the April-July issue, 1935, of the Journal of the American College of Dentists, should open the eyes of every dentist in this country to the menace which is confronting the profession. From page 156 of the report I quote as follows:

"We present this brief in support of the opinion that the time is at hand when definite action must be taken by the dental profession to perpetuate the high quality of *prosthetic oral health service* to which the public is entitled. This conclusion has been reached after a careful study of the development of the commercial dental laboratory, the activities of which, if unrestrained, promise to become a real menace to dental health service, and likewise to the unity and efficiency of the dental profession."

The committee then states its point of view in the following premises:

"A. Prosthetic dentistry, in both its clinical and laboratory practice, has been and continues to be a legal and an inalienable part of the practice of dentistry. Dentists are qualified by education, experience, and license to do all of the necessary laboratory procedures in the practice of dentistry, and to maintain proficiency in all accredited improvements of these procedures.

"B. The commercial dental laboratory has been utilized by dentists as a convenience.

"C. There are aggressive interests in the commercial dental laboratory organizations that favor a change in the present unified status of dentistry which, if brought about, might open the way to further changes leading ultimately to the separation of prosthetic dentistry from dental practice, thereby lowering the quality of oral health service below the accepted professional standards.

"D. Dentistry is fully cognizant of the oral health needs of the public, and of the qualitative and quantitative aspects of the oral health service which should be rendered under changing social conditions. The dental profession is undertaking to meet its expanding social obligations while, at the same time, maintaining an effective system of production and distribution of oral health service based on a sound professional concept."

To those who are not familiar with the earlier period of our profession it might not be amiss to have a look backward and recall some of the things that the practice of dentistry demanded of its adherents.

"About seventy years ago," says Dr. Wright in his report, "the then practicing dentist manifested great skill and warranted pride in the laboratory phases of prosthetic service. All laboratory details and procedures of denture construction, including preparation of various gold alloys, refining plaster of Paris, making of artificial teeth, compounding of rubber, and numerous other related processes, were then regarded as routine duties in the practice of dentistry. These early dentists, as the demand for their services increased, found it helpful to obtain assistance in the laboratory phases of their work. Accordingly, promising young men, interested in becoming dentists, were trained to perform the laboratory procedures, thus permitting the dentist to spend most of his time at the chair. Many of these young men, so trained, pursued the necessary studies and became licensed practitioners of dentistry.

"About the beginning of the present century conditions in dentistry began to change. Some of the technicians, who did not become dentists, established commercial dental laboratories and made their laboratory services available to any dentist who desired that convenience. Patronage of these dental laboratories was at first regarded by most dentists as an irregular and unprofessional procedure. This attitude still prevails among many dentists. In 1929-30 the growing patronage by dentists resulted in a laboratory business amounting to \$46,000,000, with approximately 3,400 commercial dental laboratories employing about 12,000 dental technicians, serving, as the laboratories claimed, about 92 per cent of all practicing dentists."

This survey goes on to say that in 1930, with the advent of the depression, some dentists found it more advantageous to conduct the laboratory phases of their own prosthetic restorations. The number of dentists who patronize the dental laboratory has steadily diminished until at present it is estimated that only about 50 per cent of the practicing dentists now patronize dental laboratories.

"Four reasons are given for this withdrawal of patronage:

"1. Many dentists have become dissatisfied with the quality of service given.  
"2. Dental laboratory fees have gradually increased until dentists find it more economical to do their own work.

"3. Laboratories have become increasingly dictatorial in matters relating to methods and materials, which only the dentist should decide.

"4. The dental profession objects to the insidious schemes of dental laboratory leaders to secure license for technicians, and to extend their sphere of activities to include the intra-oral practice of prosthetic dentistry."

Some of us remember the laboratory bill that was almost passed by the New York Legislature, and all of us remember that the laboratories were codified by the NRA. It has been not quite two years since a dental laboratory bill was drafted for presentation to the North Carolina Legislature, but for some reason was withheld. Within the past two or three years the president of a North Carolina District Dental Society, who dared to incorporate in his presidential address some criticism of the dental laboratories, was

threatened by a dental laboratory owner with being reported to the laboratory association, so that he could not obtain laboratory service.

Listen to this statement from the Laboratory Technician of 1924: 7-9:

"I take my hat off to the thousands of highly trained and skilled loyal dental technicians without whom, in all truth, the dental profession could not exist."

#### RECOMMENDATIONS

"The committee closes its report of the survey with the following:

"We recommend action of the College in accord with each of the following ten main conclusions:

"1. Dentists should be urged to conduct the laboratory phases of their prosthetic service.

"2. Dentists who desire laboratory assistance should be urged to obtain the help of assistants to serve in the offices of these dentists.

"3. Dental societies and organizations should be requested to study this problem and to organize local professional consultation bureaus, *if and where advisable*, for dentists who desire assistance, etc.

"4. Serious study should be given to the teaching, under professional guidance, of such assistants as may in the future be required to reduce, if possible, the cost of and to extend the service which the dental profession will be called upon to render.

"5. Hereafter all dental assistants should perform their work wholly under the control of organized dentistry, for their service is given solely to the individual dentist and not to the patient.

"6. State laws should be amended wherever necessary to assure a high quality of oral health service to the public, and to protect the rights of the dental profession.

"7. All professional dental organizations should be requested to discontinue the practice of permitting representatives of commercial dental laboratories and of other commercial organizations to participate in programs of meetings devoted to professional purposes. All teaching of any nature relative to the practice of dentistry, whether by courses, lectures, clinics, demonstrations, or programs, should be in accord with professional concepts. Further, such teaching should emanate from, and be sponsored and controlled by, organized dentistry, and be made available to the members through accredited dental groups, or through related medical or other professional organizations.

"8. All professional dental organizations should be urged to give recurrent attention, in their programs, to papers, clinics, and post-graduate courses in the practical phases of dental prosthesis.

"9. Dental schools should be urged to meet the growing educational needs of the profession by providing advanced courses for general practitioners, and also complete graduate courses in dental prosthesis, etc.

"10. A nationally centralized publicity committee, with an organized subsidiary committee in each state, should be established to keep the profession informed about the issues associated with prosthetic service problems, and on the need for prompt specific remedial action on these recommendations."

The quotations that follow are all taken from a dental laboratory magazine. This magazine describes an organization that is one of the most comprehensive ideas that it has ever been my privilege to read, but unfortunately

the idea is neither practicable nor feasible. The sponsors, apparently, are predominantly one, or more of the laboratory organizations with some few dentists in Chicago. What they propose is an organization to be known as *Dental Institute of America*. "This organization," so they say, "would operate entirely independent of, but in close coöperation with the American Dental Association, the local and state dental societies, the dental colleges, the American Dental Trade Association and the dental laboratory associations. The membership should include members of the dental profession and their employees, dental laboratories and their employees, dental trades and their employees, and others who from time to time may be found closely enough allied to the dental profession to be included." The plan further states that "the funds for organization purposes shall be raised from the sale of memberships. It is conservatively estimated that there are well over one hundred thousand included in the eligible list and memberships shall be sold for \$1.00 each. Funds so raised shall be used only for organization purposes and the securing of members. The object of this organization shall be to assist and promote the dental profession in every way possible and better fit them to serve the public in a more efficient and economical manner."

I hope that you catch the true import of this rather amusing and gratuitous desire on the part of the laboratories to *elevate* the profession of dentistry by which they themselves were created and on whom they are totally dependent for their services. This smacks very much, to my mind, of the created thing endeavoring to become greater than its creator. It reminds me of the scientist who created a robot so perfectly endowed with human qualities that it eventually became a Frankenstein that destroyed the creator. The plan goes further and says "ways and means should also be developed for the securing of considerable revenue from such sources as the tooth paste, toothbrush, tooth powder, and mouth wash manufacturers, as well as other concerns, seeking the good will of the dental profession." This plan includes several other things which, for lack of time, I cannot go into other than announcing the headings, such as a (1) general educational campaign to the public; (2) establish study clubs and economic classes; (3) provide for the securing of credit reports; (4) establish a collection department, and many other recommendations.

Proposed Board of Governors: "Five from the dental profession; *six* from the dental laboratories; four from the allied dental trades; two from the public and miscellaneous." Probably the most of us recall that at the Elizabeth City meeting we unanimously voted down what was known as "*The Memphis Plan*," and later the idea was discarded as a whole. The idea that I gather from a study of the *Dental Institute of America* is that it is a glorified edition of the old Memphis Plan. This plan goes on to say that we shall have radio talks, paid radio advertising, newspaper and magazine publicity, a dental week in which a "tremendously built up publicity stunt could be made for such a period," and "a display by colored posters that would appear in the schoolrooms, in drug stores, and store windows." I think that a careful study of this article will convince all ethical dentists that the time has arrived for the profession of dentistry to realize that it must take a stand for the profession that brooks no outside interference from any quarter.

Let me say in conclusion that not all of the laboratories are of this type. A great many of them are endeavoring to render a service to the profession in accordance with the wishes and desires of the individual dentists.

Bibliography: Journal of the American College of Dentists, April-July, 1935, Vol. 2. The Dental Craftsman, September, 1935, Vol. 9, No. 12.

You will find some interesting reading on the National Industrial Recovery Administration's hearing on Code of Fair Practices and Competition presented

by Dental Laboratory Industry. You may write to the Superintendent of Documents, Washington, D. C. The approved Code number is 217; registered number is 1617-09.

(Much applause.)

*President Edwards:*

At this time I will recognize Dr. H. O. Lineberger, who will introduce the next speaker. (Applause.)

*Dr. Lineberger:*

Mr. President, it was my good fortune in New Orleans last fall, in company with Dr. Pridgen, to call on the then President-Elect of the American Dental Association and to invite him to attend our meeting in North Carolina.

We were very much impressed with the courteous treatment we received at the hands of the President-Elect of the American Dental Association. He said, "Fellows, I want to come to North Carolina. I am anxious to come down there."

Later on, it was my privilege to correspond some with the President and I will say that he has done many things which you will probably never know in order to get here today. When I tell you that the President left St. Louis only about Friday night, flew to Washington, was in Washington yesterday, came here this morning, will leave here tonight to be in Peoria, Illinois, on Tuesday evening, that will show you that he was anxious to get down here with us, and we certainly appreciate it.

There is another item that I wish to mention. I have heard of his picture—in fact, he told me about it down there, about this sound picture. Well, I was just as anxious as could be to get this sound picture, but I was afraid to mention the picture to him because I was afraid that he would send the picture and wouldn't come himself. And so he, himself, suggested in a letter that we have this sound picture and his film and we are mighty happy today to have the President and his newly created sound picture. I want to say that it is our happy privilege this morning to have with us, in my judgment, the best known dentist in the civilized world, and it is my pleasure to present the President of the American Dental Association, Dr. George Winter. (Much applause.)

*Dr. George Winter:*

Mr. Chairman, President, Ladies and Gentlemen, Members of the North Carolina State Dental Society: I bring you greetings from the officers and trustees and members of the American Dental Association. I want to commend the committee for the arrangements for this splendid program at this meeting. The Committee on Necrology this morning was a splendid report. The report of your Medical Staff Officer, the co-operation of the medical officer with that of your Public Dental Health Officer.

In Washington yesterday, in conference with Colonel Messenger, the Chief of the Public Health Service, he called my attention to the fact that your State received the first appropriation or the first grant from the Public Health Service on the new Social Security Act. That you have been very aggressive in public health work. Only five states so far have applied for the grant, and a letter goes out upon my return to Chicago, on Wednesday or Thursday morning, informing every state in the Union of the grants that are going to be given by the Government to carry on this splendid health work.

The American Dental Association at this time is a very aggressive organization. Never in the history of the association has the organization been through such a time in holding intact the splendid work that has been done by its members in the past. It may be of interest for you to know that in Washington many bills were proposed bringing about radical changes in our professional activity. Your Committee on Legislation, your Committee on Economics, has been most active, and it has been admitted by the President of the United States that the consolidation of the American Medical Association and that of the American Dental Association brought about certain withdrawals of legislative activities that had to do with our profession. There is no doubt that we have been criticized by some members of the Dental Association who do not understand our activities, but we believe we have acted for the interest of the profession as a whole. I might also inform you that in the election of Dr. Miner, of Boston, the American Dental Association has acted very wisely in its future leader.

I can go on and give you in detail for hours interesting activities of your great organization and the splendid work that it has been doing. Our trustee, or your trustee, will speak to you, Dr. C. J. Caraballo, on the activities of the A. D. A., who is on tour representing the A. D. A.

This morning at six-thirty back in the sleeper a voice called out, "Hello, George!" And here was another old trooper in Dr. Nesbitt, of Boston, who has also been on tour. We have been on tour for the last twenty or thirty years.

This is the first time that I have had the privilege of being in your State and I was happy to see Dr. Nesbitt appear on your program. And in discussing this with a friend at the breakfast table this morning I informed him that Nesbitt was still vocalizing and that I was at this time going to save my voice by giving the message in sound and leaving to your decision the possibility of sound on film in our future realm of education. The picture speaks for itself. I thank you for the privilege of addressing you. I consider it an honor to be here. I am very sorry that my stay here will have to be very brief.

I hope you all will be at San Francisco and we have arranged a wonderful program. I thank you. (Very much applause.)

A sound or film motion picture, "Fundamental Principles of the Technical Removal of a Mandibular Third Molar," was then presented by President George B. Winter. (Very much applause.)

*President Edwards:*

I would just like to announce that there is a change in the program. Dr. Caraballo will be on the program this afternoon at three-thirty instead of the time that was scheduled, nine-thirty this morning.

This concludes our morning session. We stand adjourned until two o'clock.

The meeting then, at one o'clock p.m., May 11, 1936, took a recess until two o'clock p.m.

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## MONDAY AFTERNOON, MAY 11, 1936

2:00 O'CLOCK P.M.

*President Edwards:*

Gentlemen, please come to order. I may be varying this program to some extent from the usual procedure, to the extent that I feel that it is unnecessary to have a lot of long introductory speeches, introducing the speakers on our program. I feel that the men that we have on our program are men of national prominence, men most of whom you know if you have been reading current literature. So I am going to cut out the introductory speech and present the next speaker, whose subject will be "Roentgenographic Variations of Maxillary Sinus and Nutrient Canals of the Maxilla and Mandible of Special Interest to the General Practitioner," to be delivered by Dr. LeRoy M. Ennis, of the University of Pennsylvania. (Applause.)

### ROENTGENOGRAPHIC VARIATIONS OF THE MAXILLARY SINUS AND THE NUTRIENT CANALS OF THE MAXILLA AND MANDIBLE

By LEROY M. ENNIS, Assistant Professor Dental Roentgenology,  
University of Pennsylvania

*Dr. LeRoy M. Ennis:*

The anatomy of the maxillary sinus must be thoroughly understood by the dentist to enable him to render an intelligent opinion in numberless cases of suspected disease changes in the upper dental arch.

The maxillary sinus, being the largest of the paranasal sinuses, and subject to structural and pathological variations found in the other sinuses, presents a series of special problems by reason of the relationship it bears to the teeth.

The sinus, being present at birth, enlarges until at about the age of six it has descended to the level of the middle nasal meatus; and by the age of puberty it has expanded inferiorly until its floor is on a level with the floor of the nose. In adult life it is found to have descended below the level of the floor of the nose, into the alveolus. The expansion sometimes continues into the palate, and into the tuberosity behind the upper third molar. These extensions are of cardinal importance to the clinician when interpreting roentgenograms of this region. Arrest of development through inherited factors or through disease may cause considerable alteration in the roent-

genological appearance. Variations in the principal skull diameters may so alter the shape of the maxillary sinus that different individuals may have sinuses of the same shape but of totally different radiographic appearances.

The anatomist and the rhinologist, with their respective points of view, have contributed valuable information concerning the maxillary sinus, but to the average dentist their observations are a veritable maze, his interest being almost entirely in a more definitely limited phase of these studies.

Clinical observations have been collected to permit an advanced evaluation of information pertaining to the maxillary sinus, and it behooves every dentist to acquire an intensive knowledge of the relative size, the conformation, the location of the sinuses, and the physiological, anatomical, and pathological conditions pertaining to them and to the structures and the regions contiguous to them. The dentist must know from the angle of the roentgenological examination how to interpret the shadows that may develop on the film, how to recognize the distinguishing points whereby the normal structure may be differentiated from the pathological change.

By discussing parts in the anatomy of the sinus from the angle of the roentgenological examination, designating shadows that may develop on the films and dwelling on the distinguishing points whereby the normal structure may be differentiated from the pathological change it is hoped that this paper may contribute to a better understanding of our problem.

The maxillary sinus, as we all know, is a cavity of varying dimensions always present in the maxilla, its extension or enlarging process accompanying the growth of the face.

At birth, it exists merely as a slit-like indentation upon the outer wall of the nasal fossa; for at this period of life the maxilla is made up almost entirely of the alveolar process, the sockets of the unerupted teeth being almost in contact with the orbital plane of the maxilla.

Its presence and the phenomena of its growth is observed even earlier; for Schaeffer even indicates that about the seventh day of fetal life the maxillary sinus begins to grow from the evagination of the mucous membrane of the floor or lateral wall of the ethmoidal infundibulum, forming a primitive pouch. Occasionally two such pouches form the fusion of same, probably explaining the rather rarely met double adult maxillary sinus, each part of which has its independent ostium.

We observe the maxillary sinus developed in width to reach below the orbit by the age of one year, although not beyond the position of the infra-orbital canal; and by the twentieth month it develops further posteriorly to the position of the rudimentary first permanent molar.

There is a very conspicuous growth in width during the third and fourth years, which progresses increasingly thereafter until at the seventh year we note an average width of 18 mm., an average height of 17 mm., an average length of 27 mm.

The size and growth of the maxillary sinus progresses proportionately with the progress of age and dentition, although, until the teeth erupt and the alveolar process develops, little space avails for this sinus. But we know the process goes on, developing downward until, about the age of puberty, or about the time practically all permanent teeth save the third molar have erupted, the floor of the sinus is on the level with the floor of the nose.

The adult maxillary sinus, the largest of the paranasal sinuses, resembles in general a three-sided pyramid, lies laterally to the outer side of the nasal fossa, occupying a greater part of the maxilla, its walls of varying thickness.

A delicate vascular muco-periosteal layer—a ciliated epithelium containing mucous glands—lines the sinus, its deeper portion serving as a periosteal covering of the cavity. This lining is continuous with the lining membrane of the middle meatus through the ostium maxillare.

The median wall or base is directed toward the nasal fossa, the apex of the pyramidal shaped cavity at the zygomatic process of the maxilla. The upper or orbital wall is often modeled by the ridge containing the infra-orbital canal; the anterior wall is toward the face and is varyingly impressed by the canine fossa. Although often reduced by the extensions of the sinus into the adjacent alveolar process, the posterior-inferior wall is normally the thicker.

When considering conditions connected with the sinuses, the dentist must keep in mind the fact that they vary greatly in size in different individuals, and quite often in the two sides of the face of one person; and also that they become modified by local enlargements so as to lose the typical pyramidal appearance.

Zuckerkandl discusses these extensions of the maxillary sinus as (1) alveolar, (2) palatine, (3) zygomatic, and (4) infra-orbital.

Because of its great dental significance, we add to that classification still another—the tuberosity extension.

As presented by Zuckerkandl, the alveolar extension is produced by the hollowing out of the alveolar process. Occurring after the age of puberty mostly, and observed most prominently in the region of the first molar, the sinus often extends into the bifurcation of the roots of the first molar. Roentgenograms made after extraction of the first molar show the sinus extending further into the alveolar process, sometimes almost to the crest of the alveolar ridge, and it is extremely important that this particular extension be recognized as such, for the uninformed may interpret it as a cystic area or some other pathological lesion.

The excavations of the floor of the nasal fossa by the extension of the alveolar process between the plates of the hard palate is termed the palatine extension. This is more apparent in the anterior third of the palate, and may extend over to the median line of the palate, appearing in the roentgenogram as a continuation of the anterior portion of the maxillary sinus.

In 1930, Ennis suggested that this area could be determined and distinguished from a cystic area by following the outline of the typical Y that develops on the roentgenogram as the line of the inner wall of the sinus reaches the region of the first premolar.

An occlusal film assures clearer indication and surer interpretation of this, and because this palatine extension is less common than the alveolar extension, extreme caution must be used to guard us against the misinterpretations of this condition.

The designation of the infra-orbital extension covers the encroachment of the sinus into the frontal process of the maxilla.

While seemingly of less importance than the other two already mentioned, the alveolar extension and the palatine extension, it is very necessary that the operator be able to interpret this infra-orbital extension clearly, for sometimes it forms a typical pocket between the infra-orbital canal and the inner wall of the sinus. Failure to recognize this condition may be serious; for when making posterior-anterior views of these sinuses, the pocket may cast a shadow over the nares and the ethmoidal sinus, which, improperly interpreted, may be taken for an abnormal lesion that would lead to an unjustifiable surgical procedure with results that may prove dire.

Omitting comment on the zygomatic extension, because of its minor significance to the dentist, we come to consideration of the tuberosity extension.

Although we find the posterior-inferior wall of the sinus is usually the thickest, yet, in numerous examinations, we discover the sinus extending so into this wall as a tuberosity extension that it causes a thinness not only of the posterior-inferior wall but also the supporting structure of the third molar, and, sometimes, the second molar.

When it becomes necessary to extract the teeth of this region, recognition of this condition is impressively important, because of the thinness of the alveolar plates and the posterior wall of the sinus, the plates may fracture and come away with the teeth, leaving a large opening in the alveolar process with only the mucoperiosteal lining separating the sinus from the oral cavity.

Thus, later, after the tissues have been restored, there would be practically no alveolar ridge upon which a denture could be constructed. There would remain merely a flat plane. But with a thorough understanding of this tuberosity extension, teeth may be removed surgically without a great loss of their bony support.

When necessary to perform an alveo-ectomy in an edentulous mouth having such a bulbous tuberosity of the maxilla, it is critically essential that we ascertain the presence or absence of any tuberosity extension of the sinus; for otherwise the operator may find himself making an opening into the maxillary sinus. Especially might be noted cases where the maxillary sinus seems particularly large, a condition due to an extreme hollowing out of the sinus in all directions. This creates a condition of thinness of the sinus walls, with the extensions markedly developed; and it should be obvious that no attempt to operate in the molar or premolar regions should be made without a most thorough roentgenographic study.

The mere enumeration of these anatomical variations of the maxillary sinus should impress the dentist with the high requirements of information and knowledge relative to the entire regions, and that less than a thorough knowledge spells danger.

While not nearly so important from the angle of dentistry as are these enlargements, which govern our operative procedure, nevertheless we must not ignore the distinguishing cases where less developed or more contracted conditions of the sinus are manifested. Many and varied causes conduce to bring about these conditions. They may be due to imperfect absorption of the cancellated bone on the floor of the sinus; or by reason of a secondary thickening of the sinus walls; or from an unusual depression of the canine fossa; perhaps from imperfectly erupted teeth; or from excessive bulging of the lateral nasal wall; or from improper aeration of the sinus during growth and development, due, as mentioned by Shea, of Memphis, to a nasal disease in the maxillary ostium.

In the interpretation of roentgenograms we must not overlook the least of the variations that are manifested in the maxillary sinus; the differences discovered among even normal sinuses are so great, that cases of abnormal sinuses charge the operator and the interpreter with responsibility of knowing to the greatest degree the veriest detail of the anatomy of the maxilla and its surrounding structures.

We cannot possibly recognize fully the variations in the anatomical appearance of the maxillary sinus without having clearly in mind the relationship between the floor of the sinus and the floor of the nasal fossa.

About the age of puberty, the floor of the sinus is on the level with the floor of the nasal fossa. The degree of descent depends upon the degree of the hollowing out or pneumatization of the alveolar process of the maxilla.

Sir Arthur Keith reports a series of measurements showing that the nasal cavities in cases of contracted palate are not more shallow than usual, that their floors, formed by the hard palate, are at normal levels, something happening to cause the alveolar bone to grow and expand more in a vertical direction and less in a horizontal direction.

From another series of measurements, he concludes that one feature of these sections is seen in the downward expansion of the maxillary sinuses which, in the normal palate, descend to the level of the palatal plane but which, in the contracted palate, descend 10 mm. below this plane so that, in

the abnormal palate, the direction of growth of the alveolar bone, and the expansion of the maxillary sinuses, progress more vertically than in the normal palate.

We observe also that the degree of arching of the hard palate affecting, as it does, the floor of the nose, has some bearing on the relationship of the floor of the sinus to the floor of the nasal fossa.

We find a process of recession of the maxillary sinus with the resorption of the alveolar process following the loss of teeth in later years. The greater the resorption, of course, the greater the recession; so that when the alveolar process is completely resorbed, we find the floor of the maxillary sinus again on the level with the floor of the nasal fossa about as it appeared at the age of puberty.

In considering the relationship of the maxillary sinus to the teeth, we know immediately that this relationship cannot be constant. The variations in the size of the sinuses and the variations in the teeth tell that.

The cancellated bone between the roots of the teeth and the floor of the sinuses varies in thickness in different individuals; and if the cancellated bone be thin, the roots of the teeth form elevations on the floor of the sinus, these elevations contributing to form recesses.

The extension of the sinus into the alveolar process presents the direct communication between the roots of the teeth and the mucous membrane of the sinus. This intimate relationship between teeth and sinuses must ever be in mind, and with a clear mental picture of the sinus, you will appreciate the exact number of teeth bearing direct relationship must be inconstant, depending primarily upon the size of the sinus.

Occasionally we find the canine tooth in direct relationship although not nearly so often as the premolars. In fact, the three molars are in intimate, vital relationship with the floor of the sinus in the vast majority of cases observed.

Frequently the walls of the maxillary sinus are noticed to be uneven, recognition of which anatomical condition is important. It may be no manifestation of a pathological lesion. The irregularities or uneven spots consist of ridges or crescentic projections of varying sizes and proportions which occasionally are replaced or followed by septa.

The smaller ridges need not be considered of deep consequences, but the large ones that tend to form pockets and recesses of different depths within the cavity may not be disregarded.

The septa sometimes divide the sinus into two cavities and, forming at various angles and heights, are anatomic warnings of which the operator must beware when interpreting roentgenograms of this region and when treating conditions subsequently.

Theory suggests that the larger septa might be a development from the two primary pouches, often discovered in the early stage of life, the intervening wall disappearing in part to leave the large septa we see among adults, but the chief explanation of these osseous projections on the wall of the sinus is probably the unequal resorption of the bone during the development of the sinus, the sinus growing along the line of least resistance.

Very often we find blood vessels within the septa. This may indicate that as the sinus developed and extended the bone containing these vessels offered more resistance to the process of pneumatization.

Unfamiliarity with the anatomical structure of the maxilla has been the cause of irremediable errors because of the failure to recognize minute details of the maxillary sinus and its anatomical variations.

One of the most invariable of the anatomical structures of the maxilla is the inner wall of the maxillary sinus, which is the lateral wall of the nasal fossa. This wall separates the nasal fossa from the sinus; and we discover

the floor of the nasal fossa extending far more anteriorly than the floor of the sinus; and, as the inner wall of the nasal fossa extends forward, the anterior wall of the maxillary sinus swings outward laterally, then posteriorly, as the outer wall of the maxillary sinus.

Where the anterior wall of the sinus swings away from the outer wall of the nose, a typical Y is formed. In the crotch of this Y is cancellated bone which supports the premolar, canine, and incisor teeth.

This Y, therefore, becomes the most differential diagnostic landmark in the interpretation of intra-oral roentgenograms.

The smaller intra-oral films often show the inner wall of the maxillary sinus extending forward as a radiopaque line over the molars and premolars; and this Y formation may be observed as the line reaches approximately the region of the first premolar.

However, where radiolucent areas here create doubt as to whether it is a normal sinus or a pathological condition, and the typical Y cannot be detected, we should resort to the occlusal film; for with this film we will obtain a general view of the entire region and thus will be able to trace the inner wall of the sinus forward, noticing clearly the Y formation where the floor of the nasal fossa extends anterior to the floor of the maxillary sinus.

Once these structures are definitely located, we are in an advantageous position to determine the presence of pathological conditions, and it is appropriate to mention that in the inner wall of the sinus we will generally discover the lachrymal canal as a radiolucent area, which frequently has been interpreted inaccurately as the posterior palatine foramen or as a pathological area.

For examination of the floor of the maxillary sinus, the occlusal film seems the best; and as for the technic, experience has suggested that with the patient in the chair, the plane of occlusion parallel with the room floor, the film is placed in the mouth parallel with the plane of occlusion, the long axis of the film anterior posteriorly.

The film is carried laterally until its inner border is on a line with the sagittal plane of the head, and the outer border distends the cheek.

This brings the maxillary sinus directly above the film.

The tube is posed to direct the rays parallel with the sagittal plane, and is then shifted laterally until the central rays will pass through the infra-orbital foramen. The vertical angulation of the tube should be somewhere between 75 degrees and 85 degrees, depending upon the slope of the forehead, with the direct rays passing through the infra-orbital foramen. For patients having decidedly receding foreheads, the vertical angle of the tube may be set at approximately 85 degrees. A slight variation in the technic may be made when it is necessary to view the posterior portion of the floor of the sinus. This variation is a slight change in the horizontal angulation. The tube being so placed as to allow the central rays to pass through the canine fossa at a vertical angle of 70 degrees and a horizontal angle of 45 degrees.

#### NUTRIENT CANALS OF THE MAXILLA

Properly to interpret roentgenograms of the molar and premolar area involving the sinus demands also a knowledge of the blood supply and the nerve supply of the sinuses and teeth in that region.

Traveling practically the same path are the internal maxillary artery and the maxillary branch of the trigeminal nerve, which supply the maxillary teeth and the muco-periosteal lining of the sinus.

The posterior superior alveolar artery, a branch of the internal maxillary artery and the posterior superior dental branch of the trigeminal nerve descends upon the tuberosity of the maxilla, where it breaks up into a plexus.

Branches of both artery and nerve penetrate through small foramen in the bone, supplying the molar and premolar teeth and the mucous membrane of

the sinus. They occur in the outer wall of the sinus in a groove or, more generally, in a rather large bony canal, which we notice in the roentgenogram as a radiolucent line running anterior posteriorly through the sinus. In some cases this line extends forward in its terminal branches in the nasal fossa near the ala of the nose.

The infra-orbital artery starts with the posterior superior alveolar artery, passes through the speno-maxillary fossa and the speno-maxillary foramen, and traverses the infra-orbital groove and canal with the infra-orbital nerve.

We know the infra-orbital nerve gives off two branches; the middle and the anterior superior dental nerves, while the infra-orbital artery gives off the anterior superior alveolar artery.

It appears that the anterior superior alveolar artery of the anatomist is more commonly a communicating branch from the infra-orbital artery and the posterior superior alveolar artery which loops upward near the infra-orbital foramen and receives the communication.

This anterior superior alveolar artery, along with the anterior and middle superior dental nerves, passes down the anterior wall of the sinus and supplies the canine and incisor teeth and the mucous membrane of the sinus.

The function of these nerves and arteries is to furnish sensation and supply nutrition. They follow no definite straight path, but intertwine and bridge across from one canal to another in the bony structures.

The canals will be observed as radiolucent lines in the walls of the sinus. They are sometimes in direct communication with the apices of the teeth, forming over the apical region rather well defined areas, which should be impressively defined in the mind of the interpreter, for too often have these areas been mistaken for pathological conditions.

#### NUTRIENT CANALS OF THE MANDIBLE

A thorough study of the internal anatomy of the mandible, especially in reference to its blood supply, discloses more clearly the ramifications of the mandibular artery and its numberless branches traversing the cancellated structure of the mandible, many of which disclosures from a roentgenographic view had been often inaccurately interpreted as signs of periodontal infection, or in cases of the edentulous mandible, as a malignancy due to the radiolucent lines traversing the bone.

The mandible holds its place by means of the capsular ligaments and the muscles of mastication, receiving its main blood supply through the mandibular artery. To know the normal anatomy of the mandible comprehends a knowledge of its blood and nerve supply.

Zuckerkindl, "Anatomic Der Mundhole," 1891, describes the mandibular artery entering the mandibular foramen, passing forward through the mandibular canal and giving off branches which he designated "interalveolar arteries," and emerging at the mental foramen as the "mental artery." Just before issuing from the mental foramen the mandibular artery gives off an incisive branch which passes forward to supply the region forward of the mental foramen.

He describes the blood supply of the teeth and surrounding structures.

The illustration of the blood supply was ingeniously worked out by Batson, 1933, showing more clearly than any hitherto published diagram or description the manifold courses followed by the many branches of the mandibular artery, the mental artery leaving the mandible at the mental foramen, the incisive branch running forward in the mandible to the symphysis, giving off branches passing upward and making their exits through the nutrient foramen on the lingual side of the mandible posterior to the incisor teeth. Another branch passes through the lingual foramen, on the lingual side of the mandible in the region of the genial tubercle, and anastomoses with the lingual artery.

The mandibular canal through which the artery passes varies as to its relative position in the structure. In some cases it may be observed traversing a line near the lower border of the mandible, while in other cases it appears near the apical regions of the teeth, in some instances it is seen superimposed over the apical third of the roots of the teeth. Thus is knowledge of the exact position of the canal important where removal of teeth is contemplated, and particularly when the third molar is involved. It appears on the roentgenograms as a radiolucent area, just as will appear the smaller branches of the mandibular canal through which pass the lesser branches of the mandibular artery. They may be noticed in all parts of the mandible, more numerous in the anterior region.

Although for years these smaller canals have been ignored by many dentists, the roentgenologist has brought out their important relation to the entire structural composition of the mandible, and they must be reckoned in considering many phases of operative dentistry. Hirschfeld called them "interdental canals." But as they are not only interdental, being paradental as well, Batson prefers to designate them as "nutrient canals," a term more adequately denoting their functions, for they carry nutrition to the parts by means of the interalveolar arteries.

They appear on the roentgenograms as radiolucent lines passing upward through the body of the mandible, varying in different individuals as to length, width, and degree of radiolucency.

As teeth are lost and resorption of the alveolar process occurs, the nutrient foramen of the mandible approaches the crest of the ridge. Resorption may be so extensive that the outer wall of the nutrient canals may even be lost, thus inflicting much discomfort from any artificial restorations.

In both the maxilla and the mandible these canals are so numerous, and the ability to know and specify exactly which one, or which branch of any one, discloses itself in the roentgenogram, being at times difficult if not almost impossible, we employ for all a term that is comprehensive and sufficiently explanatory of their functions, speaking of them as nutrient canals.

#### SUMMARY

The roentgenographic examination of the maxillary sinus is rather complicated, this being due to the presence of the upper dental arch. The conditions mentioned are best studied on intra-oral films. Cysts and other pathological lesions may readily be differentiated from changes in the maxillary sinus, and in like manner details of the various extensions of the sinus are best made out. The great detail obtained on intra-oral films makes the vascular bony channels which have been variously diagnosed as pathological changes particularly more significant, likewise knowledge of the vascularity of the mandible is essential, due to the varied diagnosis made, for, without a thorough knowledge of the normal anatomical structures and their variations, recognition of pathological lesions is next to impossible.

*President Edwards:*

Dr. Ennis, on behalf of the organization, I want to thank you for that splendid lecture. We are deeply indebted to you.

Next on our program is the subject, "Organized Dentistry, Its Present and Future." This will be presented by Dr. C. J. Caraballo, of Tampa, Florida, a trustee of the American Dental Association, from this district. Dr. Caraballo. (Much applause.)

*Dr. C. J. Caraballo:*

Mr. President, Members of the North Carolina Dental Society:

## ORGANIZED DENTISTRY, PRESENT AND FUTURE

By C. J. CARABALLO, PHAR.D., D.D.S., F.A.C.D., F.I.C.D., TAMPA, FLA.

Organized dentistry, present and future, is the sum of my thoughts which I wish to express to you not only as fellow practitioners, but as citizens and men. Therefore, if I seem to stray from my subject it is because I am obliged and you are obliged to consider *citizenry* as well as *dentistry*.

In my message I choose to stress the word *organized* because it is indicative of *vision*, and vision is the perfect *organization* of the world. Is there a man of my age present who does not visualize his profession tomorrow, today? We each have a vision, yours may and probably is different than mine; but we cannot attain it *individually*, regardless of years of experience and applied knowledge of the ages. *Individual progress* is hastened through *organization*.

The very mention of the word *future* makes most of us dream, and we mold hazy images of our success, as we carve it. In youth we cling to the *selfish* pursuit of happiness, and upon graduation the young professional starches *himself* and builds *his* castle, establishes *his* practice, and fondles *his* shining equipment. *His* name on the door capitalizes success and for a time *his* modern office is the world complete. During the interim, he gradually realizes that he is *not self-sufficient*, and he takes unto himself one who is worthy to be called his wife. She proves to be or not to be his inspiration. He has already affiliated himself with the American Dental Association, the main reason being that the psychological effect on the patient is good. Time takes care of everything, and he either rises or falls in the professional realm, according to his knowledge of standards.

*Today* is the tomorrow we worried about yesterday, so in reviewing the *present* status of organized dentistry, I will refer to the future outlook as visualized today. Alfred R. Wallace, naturalist-philosopher, believes that "the only fit preparation for the future lies in improving the present." The American Dental Association represents the guiding and governing hand of the dental profession. The membership is composed of individual ethical dentists, such as my "youth of clay," and men of experience even as you and me. Our dental problems of today are being solved by the combined efforts of this organ, not by two or three individual wizards of the profession. There is *constant change*, indicative of growth. For example, the actual details of the Research Commission might not appeal to your fancy, yet, the *results* are a contribution to each dentist who may and does take advantage of the information revealed for his *protection* and *enlightenment*. In this connection, I will mention the Council on Dental Therapeutics, which uncorks millions of bottles in order to open the eyes of the *unsophisticated* and drown *quackery*.

My pet "hobby-horse," Dental Health Education, is being exercised most efficiently by the jockeys of the Bureau of Public Relations. Contemplated educational endeavors for the *laymen*, our *potential patients*, include schools, screen, the press and radio programs. It is perhaps my minority contention that had dental health education *in the past* been incorporated in public schools, that there would be no time for pipe dreaming among our embarrassed dentists *today*. At least, the mouths of our indigents would be sanitary. The *lack of desire* for dentistry is undeniably the *missing link*. *Something for nothing*, I am led to believe, is the *desire* of the *multitudes*; hence, the love for the miraculous. It has been estimated that less than *one-third* of the cases of sickness in the country are treated by *reputable members of the medical profession*. The reputable members of the dental profession are equally respected. In view of this latter fact, I am still jogging along on my "hobby-horse," Dental Health Education with the *public schools* as my *destination*. Why? It is because early education first answers rhyming riddles and then gradually advances to the desired stage, the desire for dentistry and dental health.

You can readily grasp the idea that the instruction might be compared to the *Catechism*, the benefits of which to be *inherited* by the children yet to be born. Knowing that *one-fourth* of our population is poorly nourished, we should be tempted to combine *nutrition* with *dental health education*, since the two are *inseparable*.

It is assured, or assumed, that through various bureaus the Federal Government promotes the health of all the people. *Duplication of effort and salary* would be avoided by a regulated *school course of instruction*. The omission of dental health education until *manana* has resulted in a loss of teeth and health to the *uninformed*, and *their children*, and the dentist has been placed in a *misunderstood* position with his income awkwardly distorted. Lean years stimulate a ravenous appetite, and ghost patients bring no *financial* returns or *satisfaction*, except the knowledge of the need for *present* constructive thought and action. Zealous coöperation with any movement endorsed by the American Dental Association is your *opportunity*.

Referring to the *educational standards* of the *dentist*, a sharp warning should be issued to the dentist who practices just to *make a living*. The Committee of the American Dental Association on Schools and Infirmarys will do much to *raise the standards* of the *profession* through higher education. This sounds a death knell for quackery, and a blessed event for dignity and ethics. In spite of ultra-moderns, the attainment of wisdom and the good life is every man's goal. The wheels are going around and around, but the *quality of living* and the *meaning of work declines*. Think this over, then keep on thinking.

The vain echoes of Communism are heard in the distance by those who advocate state dentistry and health insurance projects. The Committee on Economics has made a comprehensive study of this subject both here and abroad. This is a hazard which could not possibly be controlled by the individual, as it demands intelligent and sympathetic coöperation of the many. Panel dentistry in Europe demonstrates only the use of the "dental automat." The patient is served *mechanically*, since the government does not consider dentistry a *science*. Will their children desire *professional service* even if fortune smiles on their future? So far, every plan presented is bound to be wholly unsuccessful from the public health angle, because dental disease or ill health would neither be decreased nor prevented. The *total cost of medical care is not decreased*, nor are the indigents or unemployed provided for. The low income group might be cared for by the much discussed deferred payment plan as operated in the District of Columbia, which plan is being intensively studied by the Committee on Economics. However, the *public health* of our nation is the first consideration, and not mechanical reconstruction of neglected humanity. In our particular field, lack of dental health education is the hungry wolf at every man's door.

You may *condemn* the financiers or political executives of a committee who draft a health insurance plan. I do not. From a *business* standpoint, they are keen and unbiased. They personify the intelligent youth of today who has not been taught to *differentiate* between a *profession* and a *business*. Professional standards mean little more than Egyptian hieroglyphics to the *average* successful or unsuccessful business administrator. His teeth usually tell this secret. It is a case of the old horse being harnessed in back of the cart, we might lead Black Beauty to water, but we can't make him drink. *Education of our children in public schools* will reverse the picture, and *remove the cause*.

Who can say that we are not leaning toward socialized medicine? It is inevitable. Do you feel that the Federal System would *understand* the *economy of preventive health work* in the *class room of every school*? Does the fact that \$200,000,000 a year is squandered for patent and proprietary

medicines impress you with the *poverty* or *ignorance* of our people? Isn't it true that the progress of organized dentistry will be in *direct proportion* to the *education of the people* in dentistry's field of health? As you already know, the Committee on Economics is opposed to any legislation relative to so-called health insurance until the health professions are assured that *they* as well as the *public* are properly *safeguarded*.

It is the Committee on Legislation that is the armored guard shielding the profession against unjust laws. We are all familiar with the law recently enacted in most states against the "advertiser," the *unscrupulous thief*, who robs not only the innocent victim but also the ethical practitioner by *misinterpreting values*.

In this conventional and material world there is a horror of some day having to *gasp for our security*, and the security of our *loved ones*. In such a crisis the Relief Fund of the American Dental Association is our benefactor. It is our child to support while we are able, and a *plea* for increasing the fund would seem unnecessary. It is your *privilege* and mine. Thinking of *peace within* magnifies the *low cost* Group Insurance Plan, and if we have taken advantage of this *protective* measure we need not shudder when the curtain is drawn on the final act in our theater of the world. There will be no *tears of financial distress* in the *family circle*.

For many years the Journal of the American Dental Association has offered material which, *if read*, will carry the progressive dentist to heights unfathomed. There is no excuse for not knowing what makes the wheels go 'round.

Improvement is planned in the Scientific Exhibit Section of the American Dental Association program. Research work carried on by schools, outside organizations, and individuals will be encouraged. This is as it should be, since *science safeguards and enriches every phase of human experience*. It is hoped that the improved quality of the exhibits will result in *larger attendance* and that dental *research workers* will be *more interested and anxious to exhibit*. First, second, and third awards will be given to the winners.

In this tenor, I might add that the Board of Trustees solicit complaints by the membership *as individuals*. If a correction is not brought about, it should then be referred to the House of Delegates. Of interest to the undergraduate is the following: Members joining the American Dental Association within one year of graduation shall be carried on the membership roll and receive the Journal free for the remainder of the year.

The results of the economic squall in this country have brought the American Medical and Dental Associations together. It is proposed that dentists on staffs of Grade A hospitals must be members of the American Dental Association. Also, a committee of five dentists is to be appointed by the President to serve on the Public Health Committee. *This is an opportune opening* for my pet hobby-horse to step in! It is understood that if every family were allowed to live at least on the *minimum level of health and decency* that most of *our social ills would be wholly or partially overcome*. To solve this problem is the great task of the ages. *Health* is largely dependent on *income and education*, the latter *lowering the amount of the former required*. In solving this problem, I believe that it is quite proper to levy taxes on luxuries, such as tobacco, liquor, cosmetics, fur coats, theater tickets, perfumes, and the like. Why not? You recognize these items as *our direct competitors*. The yearly expenditure for cosmetics alone is an *expensive joke*, which once more proves that the public likes to *believe in miracle rackets*. Unless my senses deceive me, a two dollar and a half ounce bottle of *wrinkle eradicator* is none other than the old reliable *castor oil*, perfumed to sell for ten times two bits. The fool that is born every minute is the one to pay for her or his folly where it will do the most good. I mention this in passing merely to *stress* the need for *clear vision of pertinent phases* of our *dilemma*.

The American Dental Association has brought about closer contact with its members by your local representation in the Legislative, Economic, and Membership Committees. Therefore, the *future of organized dentistry* depends on *you*. If you are inclined to be over conservative, do not dwell too much in the past. I have purposely omitted the *past* from my discussion, since *what the past is will be gauged by how you translate it into the future*. "The past," as Maeterlink says, "depends upon our present and changes with it."

If you *admit* that you are *feeling your age*, don't take the road of least resistance, it leads nowhere. The problems of our profession today involve prolonged thinking. Perhaps your yearly income places you in the "unique" class, but your net profits will be naught unless you transfer your *self-interest* to your *profession and to humanity*. Our *problems* are *diversified and not confined to dentistry*, and so there must be political leaders in our rank as well as sound business principles. The Federal Emergency Relief Administration found our profession *unprepared*. You will recall that our voice in the matter was rather husky. Whether we like it or not, political science, economics, criminology, and sociology have become our step children.

Our *future*, as dentists, depends on *organization*, and our accomplishments will be in proportion to our complete or incomplete coöperation. The heart of democracy is not competition but coöperation, and the profits derived are of inestimable value to *mankind*. Not only in our profession but in every walk of life we see evidence of a pendulum movement, backward or forward. Nothing stands still, since *change alone is permanent*.

The 1935 total regular membership of your association numbered 37,923. The 1936 goal is 45,000. Let us not turn back. (Much applause.)

The Secretary read quite a few telegrams that had been received.

*President Edwards:*

If there is no further business, I declare the general session adjourned. (This being 4:00 o'clock p.m.)

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## MEETING OF THE HOUSE OF DELEGATES

### PRESENT

Dr. Z. L. Edwards	Dr. R. V. Murray	Dr. Carl Norris
Dr. D. L. Pridgen	Dr. N. P. Maddux	Dr. W. F. Clayton
Dr. Frank O. Alford	Dr. E. W. Connell	Dr. J. R. Edwards
Dr. Paul E. Jones	Dr. C. S. McCall	Dr. E. L. Smith
Dr. J. Martin Fleming	Dr. Harry Keel	Dr. I. H. Hoyle
Dr. H. L. Keith	Dr. John R. Pharr	Dr. G. Fred Hale

*President Edwards:*

Unless there is objection, I declare a quorum present.

The Secretary stated that he had nothing to bring up at this time.

*Dr. J. Martin Fleming:*

May I make the report of the Dental Relief Committee. I haven't got a written report, and it is short.

Money on hand on the first day of May, \$1,796.55. Received a check from the Secretary, from the national organization, which is our half of

the contribution for the year, which, under a plan adopted at New Orleans, is turned over to the Society that has a relief organization, \$58.95. It makes up a total in the Wachovia Bank in Raleigh, \$1,864.48 to date.

The report of the Dental Relief Committee was unanimously carried.

*Dr. Harry Keel:*

Your Publicity Committee wishes to report as follows: Again we were extremely fortunate in securing Mr. R. W. Madry, director of the University of North Carolina News Bureau, to handle our publicity campaign. To Mr. Madry and his efficient organization we are indebted for the splendid articles he has had published in the various important newspapers over the State.

Beginning in February, there have been five articles published in our newspapers to date. Mr. Madry is here as our guest, and is covering this meeting.

Your committee wishes to thank Mr. Madry for his untiring efforts in our behalf.

The report of the Publicity Committee was unanimously adopted.

*Dr. Everett L. Smith:*

Mr. President: Your State Institutions Committee respectfully submits the following report:

So far as your committee can ascertain, the following institutions have a whole-time dentist: State Hospital, Raleigh; State's Prison; State Sanatorium.

Those having part-time dentists or dental work being taken care of by dentists in nearby towns are: State School for the Blind, Orthopedic Hospital; Caswell Training School; State Hospital, Goldsboro; Samar-cand; Jackson Training School; State Farm Colony; Eastern Carolina Training School, Rocky Mount.

The North Carolina School for the Deaf in Morganton, for years without even a part-time dentist, now has the services of a dentist one afternoon each week.

Your committee did find that certain institutions were trying to work out arrangements to improve their dental facilities for the coming year.

The report of the State Institutions Committee was unanimously adopted.

*Dr. A. M. Schultz:*

The Military Committee is proud to report that a very creditable number of our membership now hold commissions in the Organized Reserve in the Regular Army, Navy, Marine Corps, National Guard, and United States Public Health Department, and stand ready to aid in governmental programs, such as: Citizens Conservation Corps, U. S. Veterans' Bureau, and Oral Hygiene Health programs.

We endorse the Government policy for military training in dental schools.

The committee recommends further that all members desiring commissions in any of the Government or Military branches furnish their names to the Secretary of the North Carolina Dental Society, where a file be maintained at all times.

The report of the Military Committee was unanimously adopted.

Dr. G. Fred Hale made the following report of the Editor-Publisher for 1935-36:

#### REPORT OF EDITOR-PUBLISHER, 1935-1936

Cash in Bank, August 1, 1935.....\$ 53.47

#### RECEIPTS FROM ADVERTISEMENTS

##### 1935

Oct.	3.	Woodward Prosthetic Company.....	25.00
	22.	Merrimon Insurance Agency.....	8.00
		Harris Dental Company.....	8.00
		Rothstein Dental Laboratory.....	15.00
	25.	Bristol-Myers Company.....	25.00
Nov.	4.	Powers & Anderson.....	8.00
	8.	Raleigh Dental Laboratory.....	25.00
	19.	Fleming Dental Laboratory.....	15.00
		I. Franklin Miller.....	1.00
Dec.	17.	Woodward Prosthetic Company.....	25.00

##### 1936

Feb.	7.	Powers & Anderson.....	8.00
		Harris Dental Company.....	8.00
		Corega Chemical Company.....	8.00
		Pycopé .....	15.00
	11.	Raleigh Dental Laboratory.....	25.00
		Thompson Dental Company.....	15.00
		Bristol-Myers Company.....	20.83
	17.	Julius Aderer, Inc.....	8.00
		Rothstein Dental Laboratory.....	15.00
	28.	Woodward Prosthetic Company.....	25.00
Mar.	11.	Corega Chemical Company.....	15.00
	18.	Fleming Dental Laboratory.....	15.00
		Manley A. Sparks.....	10.00
Apr.	14.	R. Lee Toombs Dental Laboratory.....	15.00
	27.	Harris Dental Laboratory.....	8.00
		The Berkshire.....	15.00
	30.	Merrimon Insurance Agency.....	8.00
		Thompson Dental Laboratory.....	8.00
		Carolina Pharmacy.....	8.00
		Pycopé .....	15.00
		The Dentist's Supply Company.....	25.00
		Carolina Hotel.....	25.00
May	7.	Raleigh Dental Laboratory.....	25.00
		Rothstein Dental Laboratory.....	15.00
		Powers & Anderson Company.....	8.00
		Fahda Jabaly .....	8.00

18.	Fleming Dental Laboratory.....	15.00
	Julius Aderer, Inc.....	8.00
	Bristol-Myers .....	20.83
	Club Chalfonte .....	8.00
21.	L. L. Biddle II.....	8.00
	Manley A. Sparks.....	10.00
June 15.	Miller Dental Laboratory.....	15.00
July 6.	Dividend Commercial National Bank.....	3.35
31.	Pinehurst Warehouse.....	8.00
		<hr/> \$675.48

DISBURSEMENTS, 1935-1936

1935		
Oct. 10.	Postmaster, Bulletin.....	\$ 10.00
Nov. 14.	Bynum Printing Company, October Bulletin.....	139.26
Dec. 19.	Postmaster, Stamps.....	7.75
1936		
Jan. 25.	Postmaster .....	10.00
	American Association Dental Editors.....	5.00
Mar. 5.	Bynum Printing Company, January issue.....	150.00
Apr. 30.	Bynum Printing Company, January issue.....	98.89
May 8.	Cash, Telephone, Stamps, Telegraph, Notary.....	8.05
	Bank Charges.....	5.00
21.	Bynum Printing Company.....	150.00
July 28.	Bynum Printing Company.....	65.00
		<hr/> \$648.95

Cash in Wachovia Bank, July 31, 1936..... \$ 26.53

UNCOLLECTED ACCOUNTS  
(Doubtful)

1934—Seashore Hotel.....	\$ 15.00
J. G. Whitner.....	8.00
1935—Blowing Rock Hotel.....	15.00
	<hr/>
	\$ 38.00

UNCOLLECTED ACCOUNTS

1936—Manley A. Sparks.....	\$ 20.00
North State Dental Laboratory.....	8.00
Mid-South Insurance Agency.....	8.00
Chamber of Commerce, Southern Pines.....	8.00
Ferrebee's Men's Shop.....	8.00
	<hr/>
	\$ 52.00

The report of the Editor-Publisher was unanimously adopted.

*Dr. E. M. Medlin:*

Mr. President and Members of the Dental Society :

Your General Chairman of Arrangements Committees submits the following report :

Shortly after my return from Blowing Rock I had a conference with Harry B. Emery concerning this meeting. At my request he wrote me a letter confirming meeting dates, and stated that entire capacity of Carolina would be placed at disposal of our members. Rates were confirmed, no charge to be

made for hotel orchestra unless they were called upon to play in excess of number of hours stipulated by hotel. No charge was to be made to those registered in hotel for banquet. Their regular convention fee for banquet to those not registered was \$2.00. This was reduced for us to \$1.50. Greens fees, including all privileges of Country Club, to be \$1.00 instead of regular charge of \$3.00. No charge for exhibition space and full coöperation to be given your committee in arranging for a satisfactory program of entertainment for visiting members.

About five or six months after our annual meeting I received from time to time communications from hotel authorities asking if we couldn't move our dates back to May 4, 5, 6. The State Medical Society booked these dates and then changed their plans, going to Asheville. They were also expecting Bankers again May 7, 8, 9, but this did not materialize. This means that the hotel has been open a week previous to our convention with nothing on, representing an expense of \$4,200.00 I was sorry for the hotel management, but there was nothing the Society could do. I took the matter up with Executive Committee, Secretary, and President, but the program had advanced to a stage where it could not be changed. The management of hotel took this in a very fine spirit and have coöperated in every way.

A suggestion came from the Program Committee chairman stating that it would be very nice if Dr. Winter was given special accommodation, providing the expense wasn't too much. The hotel quoted a rate of \$14.00 per day to Dr. Alford for a sitting-room suite for him. This seemed too much, so the matter was taken up with Mr. Brooks, assistant manager of the hotel, and they are giving Dr. Winter a sitting room at no extra charge.

Mr. Richard Tufts and Dr. Cheatham were secured for address of welcome and invocation. Dick later secured Frank Keating, Secretary of Chamber of Commerce, to pinch-hit, as he was out of town.

At request of Dr. Hale, I sold ads to business places for the Bulletin. This work was handicapped on account of so many business establishments and hotels closing around May 5th.

Cuts and articles on Pinehurst were secured from Jimmy Tufts for the Bulletin.

After a couple of rounds with Mr. Blodgett, of Berkshire Hotel, guaranteeing him nothing, however, he agreed to keep his hotel open for convention. It is a very nice place with a lower rate, which I thought might help our attendance. Also, after taking up the attendance figures with Dr. Alford, we felt there might be over 500, which is the capacity of the Carolina.

It was necessary for Dr. Alford to have blueprints of exhibit space. The lobby had been changed around so that new blueprints were made and mailed to him.

Arrangement for construction of four special booths were made for Kolynos, Bi-So-Dol, Squibbs, and Miss Brooks, nutritionist from State College.

Made an effort to have Pinehurst Outlook, carrying an article about meeting, to be mailed to dentists in the State. Pinehurst Outlook is a splendid weekly magazine and the only publication of its own the village has. They gave me a price of \$40.00 for 500 copies. This included wrapping and postage. However, this expenditure was not O.K.'d. There were about 30 or 40 copies left over, which they gave me, and I mailed out in the State and to our visiting clinicians.

Your chairman met with Dr. Alford and Mr. Brooks at the Carolina Sunday, March 29th. We went over hotel carefully, mapping out different rooms for clinics, breakfast conferences, etc.

Quite a few of the smaller details, covering activities, have been omitted, such as adding machines, pointers, blackboards, reservations.

Sunday afternoon, May 2d, Mrs. Medlin and I drove down to Sanatorium to consult Mrs. McCain in regards to what was being planned for ladies. Mrs. McCain very kindly agreed to give the dental ladies a tea, as had been her custom to give physicians wives when they met in Pinehurst. She had previously told Drs. Olive and Pridgen she would be very glad to do this.

A meeting of your Arrangements, Entertainment, and Golf Committees was held at Jack's Grill, Southern Pines, Friday night, May 1st. This was a very enthusiastic and a very well attended meeting. Those present were Drs. Olive, Pridgen, and Turlington of Entertainment Committee; Dr. Daniels, chairman of Golf Committee; Drs. McDiarmid, Cromartie, Thompson, and myself, Arrangements Committee. Dr. Shepherd, who has moved back into the section, was present. Arrangements that had already been made were approved by the committees. Further and final plans were discussed and decided upon. The question of toastmaster for banquet came up. I had previously tried to get James Boyd, author, and failed. Also tried to get our Congressman, Walter Lambeth, and this was impossible. Just previous to our committee meeting, I had been in communication with Harry Buchanan, of Hendersonville, Vice-President of Carolinas Theatre Association, who had been so highly recommended as a toastmaster. The committee voted to invite him to come down, so he will be here. Charlie Piquet, President of Carolinas Theatre Association for the past thirteen years, will lead in some general singing. He is considered one of the best song leaders in the country. It was voted to have Mr. Simonds, of Southern Pines, electrician, to furnish loudspeaker at banquet and dance.

It was decided at this meeting to hold a Buffet Tea for the ladies at the Pinehurst Country Club Tuesday afternoon. A week ago yesterday Mrs. Medlin and I drove to Jugtown, which is in the upper end of the county, and invited Mr. Busbee, the famous potter, down to talk to the ladies at this tea. Each lady present is to be given a piece of Jugtown pottery. The Carolina bus will take ladies to this tea without charge. Mr. Murray, manager of the club, will be prepared to serve as many as go.

Tuesday morning the ladies will be admitted through Carolina Orchid Gardens free. Regular charge is \$1.00. They will also be shown over the Beckwith place on the same trip.

On the way to Mrs. McCain's tea this afternoon, a stop will be made at old historic Bethesda Church and Cemetery, visiting tomb of Walter Hines Page.

Tonight Charlie Piquet will admit all ladies wearing badges free to Carolina Theatre in Southern Pines. Picture is: "Under Two Flags."

Due to the fact that definite entertainment plans for ladies were not in the Bulletin, I had 200 copies of Ladies' Entertainment Program mimeographed, without cost to Society. Each lady that registers will be given a duplicate copy and asked to check the events she plans to attend.

A trapshoot was arranged at Gun Club Sunday afternoon for those not playing golf.

Never before had I realized the vast amount of work entailed in arranging and carrying out the arrangements for the State meeting. I want to express my sincere appreciation for the fine coöperation given me by members of the committee, Drs. Alford and others officers of the Society. I feel sure that I express the sentiment of the committee when I say the work has been a pleasure, and if we have contributed in a small way to success of this meeting, we are fully repaid.

Will conclude my report by offering two recommendations:

First: That the Secretary send letters of appreciation to persons outside who have helped with the entertainment. I will furnish him with the list and it will be headed with Mrs. P. P. McCain.

Second: That in future invitations to hold meeting in Pinehurst to be accepted on the condition that we get the dates we want. The ideal time will be during the first week in May.

Respectfully submitted,

E. M. MEDLIN.

The report of the Arrangements Committee was unanimously adopted.

*Dr. Grady Ross:*

Mr. President, as chairman of the Arrangements for the Local Clinic Committee, I would like to report that we have no expenses connected with it and it is still functioning. We will have places for all the clinics to be placed in the morning.

*Dr. Frank O. Alford:*

The Program-Clinic Committee held two joint meetings with the Executive Committee; one on the night of November 18, 1935, and the other on the night of January 11, 1936. Both of these meetings were held at the Washington Duke Hotel in Durham. As a report on the activities of the committee and its results, we would like to submit the program, as published in the Bulletin, which was mailed to all members two weeks ago.

Your Exhibit Committee wishes to submit the following report:

Amount Exhibit Space Sold.....	\$570.00
Amount Exhibit Space Collected.....	540.00
<hr/>	
Amount Exhibit Space Uncollected.....	\$ 30.00

The reports of the Program-Clinic Committee and of the Exhibit Committee were unanimously adopted.

*President Edwards:*

Is there any other business to come before the House of Delegates?

Fellows, I would just like to stress the importance of every delegate attending the next meeting of the House of Delegates: You will notice that the arrangement is just a little different from what we have been having before. That difference in arrangement has been brought about because we felt that in the best interest of the organization that it was not best to rush through these meetings. Remember that you are elected as a delegate from your district and you ought to attend these meetings and represent your district.

I would also like to remind you that these meetings are not only for the delegates, but if there are any other members interested in the affairs and proceedings of the House of Delegates, they will be welcome. And we are glad to have you, because we would like for you to know what is going on in the organization.

It was moved and unanimously carried that the meeting adjourn.

The House of Delegates then adjourned at 4:30 o'clock p.m.

MONDAY EVENING, MAY 11, 1936

The meeting was called to order by President Edwards at 8:00 p.m.

*President Edwards:*

The subject on the program is "A Discussion of a Ridge Preserving Technique for Full Dental Prosthesis," by Dr. Norman B. Nesbett, of Harvard University. (Applause.)

*Dr. Norman B. Nesbett:*

Mr. President and Members of the North Carolina Dental Society, Ladies, and Gentlemen:

# A DISCUSSION OF A RIDGE PRESERVING TECHNIQUE FOR FULL DENTURE PROSTHESIS

*By* NORMAN B. NESBETT, D.M.D., BELMONT, MASSACHUSETTS

## INTRODUCTION

There are three objectives to be attained when a dentist constructs a full set of artificial dentures. To the patient it is of the greatest importance that he be able to eat with comfort with his new teeth. To the dentist it should be of prime importance for his handiwork to prolong the life of the foundation ridges and not shorten their life. The third objective is that the teeth should look right in the patient's mouth. The third objective is the easiest to attain because it is under direct control. If the first objective, namely, the ability of the patient to eat comfortably, is not attained, the second objective is rarely attained because of lack of proper function. An irritating set of plates will cause traumatic function in every instance—so much so that the mouths of four out of every five individuals who have worn full dentures for more than five years can be classed as dental wrecks.

The author believes that dentures should be built so that there is a distinct correlation of the applied muscular forces of mastication and the hard and soft tissue areas that are to bear these forces. He has worked out a definite plan to obtain this correlation in each individual prosthetic case. He makes no claim for newness or originality, but submits a practical dental experience of forty-two years and an eight years experimental period with this particular method, as the basis for his assemblage of the different means employed in this technique.

Many points in this discussion are distinct departures from the commonly accepted practice of full denture prosthesis. I include them, not because they are distinct departures from accepted practice, but because I have found them more productive of definite results and less time consuming than the established methods I have tried. I think all of us are more interested in end results than we are in arguments over the details leading to the end result. It should be understood, however, that no attempt is being made in this discussion to tear down or disprove any accepted theories that other prosthetic workers may have.

## HISTORY

On May 17, 1927, at Peoria, Illinois, I saw Dr. Charles J. Soule demonstrate a paraffin wax impression technique before dentists attending the annual meeting of the Illinois State Dental Society. Dr. Soule had two patients present, one a dentist, and at this time I was profoundly impressed with the beautifully balanced dentures exhibited. His technique consisted of making

the dentures on casts obtained from snap modeling compound impressions, testing them for esthetics and occlusion, and then, using the dentures as trays, rebasing them by taking impressions in paraffin wax, using the patient's own mandibular stress—and then revulcanizing the denture.

In the modified technique it is my pleasure to present I have departed considerably from the methods he used, retaining, however, the underlying principle of the paraffin wax impression automatically obtained under the patient's own mandibular stresses. The writer is fully aware, without the necessity of quoting the dental literature on this subject, that the process of impression taking, commonly known as closed mouth impressions, is not new. These closed mouth impressions, however, are all obtained from a one centric thrust closure or holding. The writer maintains that a fully balanced impression for full dentures cannot be obtained in this manner because man does not eat by bringing his teeth together in centric relation and holding them in that position. The impressions taken by the technique we are later to discuss are taken under all the balanced and unbalanced conditions that the patient will use when he is using his artificial dentures. In the eight years I have been experimenting with this technique, I have from time to time changed some details with the result that it has become a preferred method in my hands for *all* classes of full dentures.

#### TECHNIQUE

This method is based on the following clinical observations: First, I prefer to think of upper and lower artificial dentures as two large individual teeth instead of as two units carrying twenty-eight separate teeth. Prosthetic workers have been too prone to attempt imitation of the human grinding mechanism, and therefore they have failed to produce a good artificial substitute. We must never forget that nature wisely provided for all degrees of unbalance when she gave man thirty-two teeth, each tooth free to move in a limited manner and at the same time rather firmly imbedded in the bony process of the maxilla and mandible.

When we construct artificial dentures we must obtain a good esthetic result, imitating as nearly as possible what the patient had, or should have had, if his natural teeth could have been retained. But from that point on we are confronted with an entirely different problem. Our artificial denture bases are movable, removable at the will of the patient, and are wholly dependent on entirely different factors for their stability and comfort. The different steps of this process, to be later described in detail, are based on the following objectives:

1. To cover and utilize with our denture bases more area than is generally used.
2. To automatically balance occlusal load or stress on both hard and soft areas of the mouth.
3. To use the patient's own individual muscular force to do this balancing. This force should be intermittent, such as occurs in the normal chewing of food.
4. To use working bite planes that are developed for and by each individual patient, said planes to coördinate with his own individual mandibular movements—in effect making each patient serve as his own articulator.
5. To use as an impression material one that has no setting time in the mouth and which, therefore, will not over-compress and under-relieve the delicate tissues on which we are obliged to base our dentures.
6. To be able to have the patient use the same forces on his impressions, applied in the same general direction, that he will try to use on his finished dentures.

7. To take impressions that will undergo the same tests as the finished dentures and to cause the patient finally to muscle trim these impressions without dislodging them. The above objective is based on the assumption that the patient is sure to use any and all different lip, cheek, and tongue movements when he attempts to use his artificial dentures. These movements had best be discovered and compensated for at the impression time, rather than after the dentures are finished. No impressions are deemed to be completed until they will stand the above tests.
8. To eliminate the confusion of getting the wrong "bite"—so termed. The patient, in this technique, automatically indicates his working centric occlusion many times throughout the process of taking the impression; so there can be no mistaken or forced incorrect antero-posterior mandibular relation. The correct working relation is definitely registered and retained and any adjustable path articulator can be easily set so as to reproduce these same movements within the limited range of a working occlusion.
9. To determine definitely the lip fullness, anterior tooth length of both upper and lower teeth, and the bite opening before the impression technique is started. Once obtained, they are not lost at any future time all through this process.
10. To eliminate as much as possible future hand trimming of denture flanges and thus maintain a proper valve seat on the soft tissues without any interfering over extension.
11. Finally, to build a set of dentures so balanced that they will improve with use, as all forces are directed towards seating them more firmly on the supporting ridges. It is my belief, borne out by eight years of observing dentures processed by this technique, that the improved function resulting will help build and maintain a better set of ridges, which should be of utmost importance to any edentulous patient.

This technique is founded on the following beliefs:

1. That artificial dentures should be constructed so that every major force or pressure used in chewing food will tend to seat both dentures on their broad bases, rather than tend to unseat them.
2. That masticating or chewing force in both natural and artificial teeth is unilateral and not bilateral. That is to say, in chewing, only one side of the jaw is used at one time—both sides are never used at the same time, even although the patient may automatically switch from one side to the other many times during normal chewing operations. There is this important difference, however, between the natural denture and the artificial denture. In the natural denture masticating on one side of the mouth has no disturbing influence upon the teeth of the opposite side. In the artificial denture every force exerted on one side of the denture is transmitted through the plate to all the tissues supporting that plate. This is why we should look on an upper or lower artificial denture as one unit tooth instead of fourteen separate units.
3. That so-called balanced occlusion, as it is usually attempted in full denture prosthesis, is a condition rather hard to obtain, and one that is never maintained, due to the inevitable settling of the two bases.
4. That what is termed working centric and rest centric positions are two different conditions, and that the working centric is the most important of the two, for the reason that it is at the start of the working centric position that dentures are usually moved from their true positions.

The criticism is often voiced that setting up the posterior or grinding teeth in their best positions so as not to cause the above mentioned movement of

the bases will cause trouble for the patient, because of restricted tongue space. I will try to answer this as follows: Before I was able to obtain stable lower dentures, this situation was often a puzzle, but with the increase in stability of the lower denture it was found that the posterior porcelains could be easily set in an advantageous position without having any complaint from the patient of restricted tongue space. I believe the increased stability of the lower denture to be the real answer. Dentists rarely, if ever, hear any complaint from patients with narrow arches with natural teeth present that they lack tongue room, the reason being that their lower natural denture is not movable and the tongue does not have to try to do double duty in holding down the lower denture and producing sounds at the same time, as is the picture with the unstable lower artificial denture.

The objection has been raised at one point of this technique that causing the patient to masticate on smooth planes does not simulate the conditions existing when teeth with cusp planes are used. These comparatively smooth planes are used for a definite purpose. We do not wish the patient bothered or confused at the impression stage by having to feel around for cusped planes and thus losing the object of this technique, which is to get our impressions under the patient's own mandibular pressures and have all his mandibular motions reproduced, and even slightly magnified. In this way we learn with each individual patient just what forces may exist to throw our dentures out of balance. Furthermore, I do not believe in using steep-cusped teeth on any full artificial denture. I believe the use of steep-cusped teeth has caused more trouble than any other single factor. The resistance of the accurately ground, inclined planes of the cusps is greater than the strength of the supporting tissues, and, as a consequence, these tissues are traumatized and deteriorate. This is the principal mechanical condition which explains the fact that four out of five mouths that have worn full sets of artificial dentures for a period of five years may be classed as dental wrecks. I have used modified posterior porcelains for twenty-five years, usually doing my own grinding to reduce both cusp height and buccal-lingual width. It is my opinion that an anatomical posterior tooth has little or no place on an artificial denture for reasons stated in the first part of this paper. It is true that thousands of patients have struggled along with the so-called balanced occlusion, steep-cusped tooth denture, but close observation will show a diminution of function and an acquired tolerance by the patient to conditions wholly out of his control. In other words, he has, through necessity, learned to chew softly on his dentures and thus avoids being hurt. This is a bad situation, because it induces both loss of function and physiologic use of the soft tissues overlying the bony structures. The result of these negative forces is sure to be a quicker atrophy and breaking down of the only support for dentures the patient has or ever will have—the remaining alveolar ridges.

Following is the technique in brief:

Snap modeling compound impressions are taken, care being used to cover as large an area as possible and get a reasonably good post-dam on the upper impression. No attempt at muscle trimming or lower flange trimming in the mouth is made at this time. Models in quick setting plaster are poured and two vulcanite rubber trays are made, using a thirty-minute vulcanizing rubber. At the first sitting facial measurements are taken to determine the bite opening and the approximate length of upper and lower bite rims. The shade and mold of the teeth may also be obtained at this session.

On the two vulcanite bases, modeling compound planes are built, using as a guide a Justi curved template instead of a flat template. These planes are about eight mm. wide and are placed in the same relative positions as the porcelain teeth are to be placed, keeping all lines of force well inside the ridges.

At the next sitting these planes are shaped for proper lip length and fullness. Then they are trimmed on the occluding surfaces so that they will be in balance at whatever position the patient's mandible assumes. There is no rule for doing this, and it is a very important step, often taking thirty minutes. If the planes at the heels of the plates do not strike with an even pressure, they are either trimmed or built up until they are in correct balance under little or no pressure exerted by the patient. This is one of the key steps in the technique, and if carelessly or inaccurately done will surely influence the end results. For example, no attempt should be made by the operator to try to compel the patient to close in any particular manner or to try to make the occlusal planes coincide by using excessive mandibular force. Neither should one plane be heated or softened and then placed in the mouth, with the idea of having it leveled by the patient's mandibular pressure. It can be done that way, but the end results will be disappointing.

The next step which can be done at another appointment, but which I usually do at the same sitting, is to take the impression. The impression material used is household paraffin, easily obtained from any grocery store under the name of "Parawax," made by the Standard Oil Company, or "Gulf-wax," a produce of the Gulf Refining Company. This material will remain in a fluid condition in a water bath heated to 150° F. The paraffin starts to melt at 122° F., and has a softening range from 92° F. to 96° F. This last is a very important point, as it is several degrees below ordinary mouth temperature. When used for impression work, the paraffin is kept in a liquid condition in a double-boiler or some such device that will not subject the wax to an excessive heat. If an excess of heat is used, paraffin oil will separate from the main body of the wax. This will cause flaking of the wax during its use in the impression stage.

The vulcanite bases are thoroughly cleaned and dried, and a layer of hot paraffin is painted onto the tissue side of both plates, care being taken that all surfaces are covered out to and including the edges. This operation is repeated until both bases exhibit adhesion and resistance to dislodgement under all mandibular movements. After the bases are stabilized they are muscle and boundary limit trimmed by the patient. No attempt should be made by the operator to influence this moulding by hand massage of the outer facial tissues, as this will surely produce a leaky impression, and is productive of much waste time. The paraffin wax at mouth temperature is so easily influenced by internal pressures that the most delicate tissue lines and fibres are faithfully reproduced by the patient's own muscular efforts. If at this time the initial bases or trays have been over-extended, this fact will be disclosed and the error corrected by cutting off the over-extension. In the same manner, all through the impression process, hard areas that need relief, such as, for example, the bulge of the mylo-hyoid ridge, can be relieved by cutting out enough of the vulcanite tray material. No rule can be used or laid down as to the cuttings necessary or the speed with which they can be done. It is not a rapid-fire method and there is no reason why it should be, as the results amply compensate for any excess time that must be used. The paraffin, under mouth temperatures, spreads rather slowly, and the two factors of time and mandibular pressure must be employed. I have completed the impressions in one hour, and have also taken two hours, with the end results in each case just as satisfactory. The variables that crop up with individual patients make it impossible to lay down any hard and fast rule as to the exact time to be allocated. I, however, have found patients very coöperative in this respect, evidently reasoning that I would not spend time if it was not necessary. From the time the first layer of paraffin is applied to the last application of paraffin to the rims of the impression, the patient is encouraged to bring intermittent pressure on the modeling com-

pound rims, just as he would use in natural chewing movements. Each time, however, before the patient brings on any pressure, about five minutes should be allowed to elapse so that the wax will be evenly warmed through by the oral temperature. As the impressions progress, the disto-palatal outline form in the upper impression is developed. The patient's tensing of the palate muscles during the act of swallowing will clearly outline the tolerable limits of this important border, thus avoiding over-extension with its resultant irritation and air leak. It has been definitely found that almost universally more area can be covered in that region with comfort to the patient and increased stability for the upper denture. In the lower impression, longer lingual flanges than are generally thought possible to use are found possible. The extent and limit of the flange extensions along this very important and sensitive border can be definitely determined during the progress of the impression. We find, as might be expected, that the heights of the floor of the mouth vary considerably in different patients and on the two sides of the same mouth. These soft and very sensitive tissues can be easily pushed out of place by a too resistant impression material or by one which has a definite setting time. When this happens, excessive soreness, difficulty in swallowing, and extreme discomfort are always experienced by the patient. Granted that these undue extensions can be maintained if the appliance is worn for a sufficiently long time, the usual result is that both the patient and the dentist are worn to a frazzle long before this ideal is attained, and the case, at least from the patient's point of view, is listed as a failure.

Two causes for this extreme soreness are evident. The first cause is the tilting laterally of the lower denture. This tilting throws the lingual flanges alternately against the thin tissue covering the mylo-hyoid ridges, causing abrasions and discomfort. In this technique this tilting can be discovered and compensated for in a large degree *before* the dentures are delivered to the patient.

The second cause I have already discussed, and is the too deep extension of the lingual borders of the denture into the soft tissue floor of the mouth. This also can be automatically detected and compensated for in this technique. Observation will show that if these flanges are too deeply extended, the paraffin wax impression material will be cleaned from the vulcanite by the over pressure on these soft tissues. I have checked this many times by brushing on more fluid paraffin on these flanges, only to find, if time enough is given, that the flanges are again denuded. This is always an indication to trim off material from the flanges, re wax, and watch results. If the tongue muscles and connecting tissues comprising the floor of the mouth are more vigorous and lift more forcibly in one patient than they do in another, it would be folly, in my opinion, to attempt to use flanges that interfere with the normal action of those tissues.

This variable in patients had much better be ascertained by the dentist during the impression taking than by the patient during his struggle to adjust himself to artificial dentures.

Again I wish to call to your attention the fact that no rule can be used as to the length or extent of lingual borders of a lower denture, but wish to emphasize that this valuable extension of these borders can be accurately determined in every individual case.

When all borders are found to be correct, and the two bases exhibit the desired amount of retention, registrations are taken to preserve the working centric relation. The two modeling compound bases are scored at varying points, or some such method is used so that when they are out of the mouth the bases can be placed together in working centric relation. They cannot be fused or pinned together and removed en bloc, as this will endanger the wax borders. Some method must be used that will enable the operator or

patient to remove the impressions with a minimum amount of damage. Casts are then at once developed from the impressions, taking care not to use any of the cast materials that develop too much heat in setting. No separating medium is necessary. I believe that boxing of this type of impression is contra-indicated, as it is liable to damage the delicate edges of the impression. When the cast material has set, the two casts are mounted on an articulator, using the modeling compound rim key marks as guides to getting the casts into centric relation. This is done before the impressions are removed from the casts. The articulator, if an adjustable one, is now set so that it will follow as near as possible the guide paths indicated by the occlusal surfaces of the compound rims. It is then locked in centric position and the impression and rims removed from the casts, taking care not to distort the modeling compound rims. This done, a base plate of wax is moulded to the upper cast and a wax bite rim is developed, using base plate wax as the material and using as a model the compound rim that is removed. This same procedure is then carried out on the lower cast. When completed, the wax planes should not vary in any marked degree from the modeling compound planes that they have displaced. In this way the operator still has his established landmarks as guides in setting the porcelain teeth. This is of extreme importance, as the balance and lines of force application should parallel as near as possible the same condition as obtained when the impressions were taken.

At the next appointment, these wax trial plates are used to correct or alter any defects in esthetics, such as shade, type, or arrangement of the twelve anterior teeth, etc. No attempt is made to obtain absolutely correct marginal adaptation in these wax trial plates, as they are not used to test the occlusal relations or the so-called "fit" of what is to be the final result. I believe very emphatically that any attempt along these lines with any type of temporary or trial base plate is a waste of both the operator's and patient's time, and is provocative of much misunderstanding by both parties concerned. Furthermore, the attempt to get a close fitting trial base of any semi-hard material, such as shellac or tin, is prone to do much damage to the cast, and thus defeat one of the aims of this technique, which is accurate marginal seal *in the finished* denture. In other words, all trials for accuracy of occlusion and retention of the dentures are done in the impression stage. We have invariably found, if care is taken not to lose the landmarks obtained at the impression sitting, that the occlusion of the posterior teeth is just as we aim to get it at the time we are setting up the teeth. In the finished cases, very little grinding is necessary to perfect the occlusion and any grinding had best be done at least a week after the plates are delivered to the patient.

A study of this technique will make it evident why high-cusped teeth are not indicated, if this method is to be followed with any degree of success. It is my belief that any marked over-bite in our full denture is contra-indicated and, furthermore, unnecessary. The same general effect from an esthetic point of view can be obtained by using as much over-jet as the case requires without getting into the mechanical difficulties engendered by an over-bite set up with steep cusped teeth. When we stop to realize that over-bite is never seen during the natural habits of the patient, and that any undue anterior leverage is a distinct mechanical disadvantage to the stability of artificial dentures, and that a good esthetic result can be obtained by using over-jet, I consider that we should depart from the natural human denture in the above respect, as, after all, we are confronted with a different condition. The patient can easily incise even with quite a marked over-jet, as he can advance his mandible from the centric position with no more liability of tilting his dentures than he exhibited at the time of impression taking. This is because there has been no change in the working planes that were used when the patient was putting the same stresses on them at the time of taking the

impressions. The working centers of gravity in most artificial dentures lies at about the area occupied by the second bicuspid and first molar. Any stresses that depart much from those centers will tend to cause tilting or rocking of the artificial bases.

All rims or boundaries of dentures made by this method will exhibit smooth rounded borders, these being automatically worked out by the patient at the impression stage. I believe such rims or borders have two distinct advantages. First, they cause less irritation to the soft movable tissues. Second, a better gasket seal is made by a smooth rounded edge rather than by an irregular sharp one, with consequent less air leak. As the exact position of this gasket seal is never exactly maintained at any given point on the tissues, due to the inevitable slight but sure settling of the dentures, and to the mobility of the soft tissues, a rounded edge is indicated if irritation is to be avoided. Another factor entering into this most interesting problem is that this valve or gasket seal is best maintained when the patient is able to put considerable force on his dentures. If pain and irritation are experienced, the patient cannot and will not seat his dentures where they belong when he brings his teeth together either in the act of swallowing, enunciating, or chewing, which, incidentally, are the true forces that either seat or unseat our dentures.

This technique makes use of no artificially or manually made center relief. Provision is made in the vulcanite tray for enough thickness of material so that ample room can be provided for the automatic relief of the hardest and most prominent areas at the palate centers. In this way we gain quite a number of extra square millimeters positive bearing surface to add to the positive support against load instead of taking it away, as occurs in mechanical relief. Care must be taken, however, that enough space is left in the vulcanite tray, so that the hard palate area, particularly if raised, will have room enough to be self-relieved as the impression progresses. Because of the added resistance that the upper vault area presents as compared to the lower ridge form, more time must be spent on the upper impression than on the lower. The wax movement will be found to be relatively slower on the upper than it is on the lower. No harm, however, has been observed by leaving the lower impressions in the mouth for the extended time we must allot for taking the upper impression. Once the soft tissues are displaced and the hard areas of the lower ridge sufficiently relieved and stability attained, the movement or flow of the wax seems to stop.

I have said nothing about the psychological effect of this technique on the patient, for the reason that I have found psychology to play a comparatively minor role in keeping dentures from skidding.

As stated at the start of this paper, many points in this technique are distinct departures from the commonly accepted practice of full denture prosthesis. I realize that it is open to much discussion. To those who, at first glance, think the process too time consuming or requiring too much special skill, I will say that the end justifies the means. In our hands and in the hands of those who have understood the technique, the *total elapsed time* for complete denture service has been pleasantly shortened for both patient and operator.

The following quotation is an extract from an editorial in the December, 1935, copy of the Dental Cosmos, and is a comment on the attendance at the recent meeting of the American Dental Association held at New Orleans.

"In passing, it may be noted that in the meetings of the last few years, the Section on Exodontia and Oral Surgery has been conspicuous for the largest attendance of all the sections, but at the recent meeting it was significant that the Section on Full Denture Prosthesis attracted the largest audiences of any special group.

"We say that it was significant, advisedly, as we believe it is indicative of the inevitable change in the type of practice in demand at this time and resulting from two particular causes: The avidity with which dentists generally have accepted the advice of the medical profession in the almost indiscriminate extraction of teeth and the economic conditions which have led the public generally to the neglect of mouth conditions. And related to and accentuating the latter condition, there is the factor of the high cost of dental care which was ill-advisedly promulgated just previous to the depression period.

"However, whatever the direct causes of the present state of dental health of the public, it is plainly evident that the dentistry of the next few immediate years will comprise a much greater proportion of large and extensive restorations than has been the case for some years past. And the eagerness of the prosthodontist to be prepared for the emergency is reflected in the enthusiastic interest manifested in the partial and full denture aspects of practice."

(Much applause.)

*President Edwards:*

I thank you very much for this splendid paper.

*Dr. Nesbett:*

Mr. President, I have been asked if paraffin wax is on the market, and I would like to say that you can get it from the Standard Oil Company or the Gulf people. You can buy all you can use for the next two years for perhaps fifteen cents.

*President Edwards:*

The next subject on the program is, "You Can't Tell Which Way a Bullfrog Will Jump," by Dr. Eugene B. Howle. (Applause.)

*Dr. Eugene B. Howle:*

Mr. President, Ladies and Gentlemen, and Fellow Members of the North Carolina Dental Society: In 1932, when Mr. Harold Foister was accused of practicing dentistry without a license, I went up to Asheville for this trial. The State put on one witness to prove that Mr. Foister had been practicing dentistry without a license. As soon as this witness had finished her testimony, Dr. Owens, in whose office Mr. Foister was working, took the stand and testified that Mr. Foister had not operated in his office. We expected that, of course. When he had finished his testimony, Dr. Frink, a licensed dentist who was working in Dr. Owen's office at the time, testified that Mr. Foister had not operated in the office. Next, a young lady assistant in the office got on the stand and testified that Mr. Foister had not operated in Dr. Owen's office. It began to look pretty bad. Then the secretary in Dr. Owen's office testified that Mr. Foister had not operated in that office. I gave the case up as lost. The jury went out and came back in, in about fifteen minutes, and rendered a verdict of guilty. It was then, gentlemen, that I was convinced of the truth of that old adage, "You can't tell what a jury will decide, and you can't tell which way a bullfrog will jump." (Much laughter.)

The North Carolina Dental Society was organized for a definite purpose. That purpose was to elevate the dental profession in North Carolina. Its achievement was sought in two different ways; first, by elevating the personnel of the dentists who were licensed to practice in North Carolina;

second, by teaching the dentists themselves and the laity to properly evaluate high-class dental service. In regard to the first, the improvement in the personnel of the dentists themselves, there are two committees of the North Carolina Dental Society who are especially interested—the Ethics Committee and the North Carolina State Board of Dental Examiners, which is a committee of this organization.

The first of those committees is interested in the ethics of our profession.

It is very easy for us to distinguish between what is ethical and what is not ethical. That is one of the first things that we were taught in school. We have come in contact with it every day of our practice. It is the basic fundamental upon which the finer traditions of our organization have been based.

The Board of Dental Examiners is not concerned with ethics; they are interested in the legal aspect. And now, gentlemen, when it comes to the legal aspect it isn't so easy for us to handle the matter. It is not a case for us to decide. We can determine for ourselves what kind of laws we want passed to protect the dentists of North Carolina, but we can't pass those laws. Somebody else has to pass those laws, and still others might object to them. And then again we can't pass just any kind of a law that will suit our purpose. There are certain broad basic principles with which these laws that we desire must not conflict. I am referring to our State Constitution and our Federal Constitution.

Furthermore, after the passage of a law which approximately fits our needs, we still haven't reached the end of our trouble. These laws have to be interpreted. If any two of us who had no grievances were called on to interpret those laws, we very probably would find that there would be differences of opinion. Now, how much more so are we going to find differences of opinion in the interpretation of these laws when we do find that there are opposing factions, and that instead of having two men to interpret these laws we have two dozen.

When a case comes into court, if the accusers in the case and their attorneys were perfectly honest, and had no irons in the fire, if the defendants and their attorneys were perfectly honest and didn't have anything that they wished to put across or any interest on their part, if the jury were perfectly honest and perfectly unbiased, and if we had twelve good men and true on the jury who did not, who could not, have any selfish interest in these transactions and who were wise enough that they could not be misled by the falsities that are brought by either the one side or the other, then our question would be very simple. But, gentlemen, where are we going to find such a condition as that? You can't tell what a jury will decide and you can't tell which way a bullfrog will jump!

Now, in the last decade, prior to 1930, there were very few transgressions of the dental law in North Carolina, but with the advent of the depression with its subsequent ills with which we are all so very familiar, there was a hoard of men who came forward willing to transgress the law of North Carolina in order to derive some small benefit for themselves. It is my purpose here tonight to show you fellows something of what the State Board has contributed to the elevation of the profession in this State by upholding the laws of North Carolina.

We have not always been just exactly successful, but we feel that we have made a wonderful showing. There have been many transgressors and there have been many indictments. The Board has brought about these indictments but they have not heralded them by any beating of drums. It is entirely possible that there have been many cases that have been handled by the State Board of Dental Examiners for your benefit about which you have not heard.

These cases have not been confined to any particular part of North Carolina; they have extended over the whole State and the whole State has been benefited from this activity.

In 1932 warrant was issued for R. D. Mahood, of Henderson, N. C., for practicing dentistry without license. The warrant was never served for the reason that Mahood left the State and has not been heard of since.

In 1933 Mr. R. J. Rakestraw, a laboratory man in Salisbury, was indicted, and when he found that a warrant had been issued, he also left the State and is now operating in South Carolina. The warrant is still in force and if Mr. Rakestraw should return to the State, he would immediately receive a summons to come into court.

Dave Page, of Rocky Mount, was indicted and was proven guilty of practicing dentistry without a license in 1929. He continued to practice and was again indicted in 1934. We were unsuccessful in getting him into court because of his bad health and the man has since died. We shall not hear any more from him. (Laughter.)

Mr. L. E. Davis, of Asheville, has been indicted for practicing dentistry without a license. That case came up in the courts in Asheville last Friday and was carried over until next Friday. I understand from Dr. Bell today that in all probability this man will fight this case through all of the courts, but Dr. Bell seems to think that there will be no doubt about the fact that he will be convicted.

There is also a Mr. A. Brooks, of Asheville, who is practicing dentistry without a license. Mr. A. Brooks claims that he was practicing dentistry in North Carolina prior to 1879, so that the law does not apply to him. We have not been able to disprove this fact, and I think the consensus of opinion in Asheville is that inasmuch as Dr. A. Brooks is quite an old man and is doing very little work that the best thing to do would be to delay action indefinitely in that case.

Mr. W. R. Norris was accused of practicing dentistry without a license in Fayetteville, North Carolina. A warrant was issued during July a year ago, but Mr. Norris was not apprehended until January of last year. He was tried in the justice of the peace court on two warrants, having practiced dentistry without a license and having received money under false pretenses. He was put under a \$900 bond and when the case was called for trial in the Superior Court in Cumberland County it was found that Mr. Norris had left the State and was not to be found. When we looked for the bond, it was found that the records had been removed from the clerk of the Superior Court's office in that county. However, we found that this man was operating in South Carolina. We sent there and finally found him, brought him back to North Carolina, and he was tried in the Superior Court at Fayetteville a month ago, and was sentenced to six months on the roads. There was also a suspension of six months placed on him, and that sentence is to be held over him provided he does not move out of the State when he has finished serving his term on the county roads. And if that will not hold him, we have several other warrants for practicing dentistry without a license and we feel we are in position to keep Mr. Norris in jail for quite a time unless he does decide to move his residence.

There was a Mr. J. B. Vault, of Wilmington, a laboratory technician, who was indicted for practicing dentistry without a license. The judge, evidently not familiar with the dental law (that the defendant could not have been fined more than \$50.00), fined him \$250.00, payment being suspended for good behavior. I understand from dentists who are visiting us from Wilmington that Mr. Vault has remained law abiding and is doing excellently in Wilmington, at the present time, in his own line.

The next case was Dr. Thomas W. Edgeworth, of Asheville. Dr. Edgeworth was convicted of practicing dentistry without a license. He was sentenced to thirty days in jail and was fined fifty dollars each on six other counts, these fines being suspended as long as he remained of good behavior and remained law abiding.

Mrs. Edith Dozier was indicted for practicing dentistry in 1929 without a license. In 1935 she was again indicted and was sentenced to nine months in jail and has just completed serving that term. We have two other counts against her on each of which she was sentenced to six months in jail, sentence being suspended upon her remaining of good behavior. I understand that Mrs. Dozier had no sooner gotten out of the jail than she began to practice dentistry again. The State Board of Dental Examiners in its meeting today directed Dr. Billy Bell to proceed against her, and if we have to keep Mrs. Dozier in jail the rest of her life, we are going to keep her there. She isn't going to practice dentistry.

Dr. George Herr, of Southern Pines, was accused of soliciting professional business. It was brought to the attention of the Board that the doctor had sent out certain pamphlets soliciting business. The Board had a meeting and investigated these charges. Dr. Herr testified that he had no intention of transgressing the law and that he regretted the matter, and that, in the future, he intended to be a law abiding citizen. The Board found that, as a matter of fact, Dr. Herr has solicited professional business in this State and was subject to have his license revoked, but reserved sentence upon Dr. Herr, dependent upon his future conduct. Since that time, as far as we have been able to learn, Dr. Herr has coöperated in every possible way to uphold the dental law in North Carolina.

There are other cases that I might run over, but these cases that I have shown you cover the whole State, and I think probably I had better go on to one or two of the more important cases.

The most important case that has come to our attention is the Owen's case. You remember that Dr. Owen was accused on two different counts: He was accused of soliciting professional business and he was accused of employing unlicensed persons to practice in his office. We tried Dr. Owen and the Board found him guilty in each case and revoked his license. The Superior Court of Buncombe sustained the Board in its decision as to the first case (soliciting), but when it came up to the Supreme Court of North Carolina the case was reversed.

And now, gentlemen, I want to show you just what a little thing can happen that will have a great effect on an organization such as ours. A delegation of dentists came down to Raleigh from Charlotte to insist that a law be passed that would actually stop advertising. They brought a copy of a law that had been written by a very competent lawyer in Charlotte. That lawyer had taken care of a very important point in our law. Our old law had stated that a man could not advertise falsely. This man had advised that that part of our law be stricken out before adding the clause prohibiting solicitation. When we came up to the Legislature to get this law passed, we went to the Senator from Mecklenburg County, and asked him to put this through for us. He appeared to want to help us in every way, and after looking over the bill, said, "Why, gentlemen, we can put this right through. It is exactly the same as the law governing the attorneys of the State; just say in here that a man can't solicit. It isn't necessary to strike out anything." The law was passed. We revoked Dr. Owen's license, but when we came up to the Supreme Court of North Carolina, we were told, "Gentlemen, you are all wrong about this; your law says that you can't advertise falsely; therefore, it infers that you can advertise truthfully. Therefore, truthful advertising can't be the same thing as soliciting." You can't tell which way a bullfrog will jump!

We had still another case against Dr. Owen. The Supreme Court restored his license on one count, but we had taken his license away on still another; that is, we had deprived him of his license because he hired unlicensed persons to practice in his office. Now, we have every reason to believe that when this second case came before the Superior Court Dr. Owen ran our witnesses out of the State, in order to prevent them from testifying. Harold Foister and Mrs. Harold Foister, from as far as we have been able to determine, did operate in Dr. Owen's office. They have confessed that they had done so. After Dr. Owen presumably forced them out of the State, they went into South Carolina and Dr. Bell and Mr. Pennell went there and secured from them a promise that they would return to North Carolina and testify in this case, but when the time came they refused to come, but said that they would make a deposition to the effect that they had practiced in the office of Dr. Owen. Now, the law requires that notice of an intended deposition be published. Dr. Owen, in this manner, learned that Mr. and Mrs. Foister were going to sign a deposition, knowing that this deposition would have deprived him of his license. When Dr. Bell and Mr. Pennell went down to Columbia, South Carolina, to get the depositions, they waited for quite a while at the place appointed for the meeting, but Mr. and Mrs. Foister did not show up. They then went around to the place where Mr. and Mrs. Foister worked and when they got there they found Dr. Owen and Dr. Owen's attorney. Mr. and Mrs. Foister refused to sign a deposition. We were without witnesses and without testimony sufficient for a conviction. All we could do was to take a nonsuit in this, the second Owen case. For the second time, Dr. Owen's license had been restored.

Having found that the amendment to our law which had been passed in 1933 would not hold water, we were then faced with the necessity of securing a law that would. Professional advertising must be stamped out in North Carolina.

The Legislative Committee at first proposed to secure the enactment of another amendment to our law, and having communicated with every dentist in North Carolina soliciting suggestions as to what changes should be made in our law, it was found that so many changes were suggested that we decided to write a new law instead. After the passage of our 1935 law, Dr. Owen, Dr. King, and Dr. Henley secured an injunction to prevent the North Carolina Board of Dental Examiners from carrying out the provisions of that law.

We tried to get the case into the courts, but the thing kept hanging fire for first one reason and another, and finally we received an offer of a compromise in that case. And we did compromise the case, if you want to call it a compromise. It went against the grain to make that compromise, for we were tremendously disappointed that we could not take Dr. Owen's license away from him. Dr. Owen is a contemptible skunk! (Laughter.) He has been a disgrace to our profession; he is a clever moron. We would have loved to have taken his license away from him. Nevertheless, although Dr. Owen has said every unkind thing that he could against the State Board of Dental Examiners and made it a personal issue, the Board felt that it was above that sort of thing, that as much as we wanted to take Dr. Owen's license away from him, that that was a minor issue. We had set out to prevent dental advertising in North Carolina. The compromise which accomplished this purpose was this: That Dr. Owen could publish in a newspaper a card, not to exceed three by four inches in size, carrying his name, office hours, places of business, and telephone number. Gentlemen, we could not have prevented such a card regardless of our law. That is a professional card only. And he, regardless of what our law was, could have gone ahead and printed that card and we couldn't have taken any issue with him.

The compromise consisted of this: That the Board should pay the cost of this lawsuit. Now, gentlemen, it was a right bitter pill after all that Dr. Owen had said and done against the State Board of Dental Examiners, to come up and say, "Well, we compromise and will pay the cost." But, fellows, do you know what the cost was in the case? It was \$8.20. By making this compromise with Dr. Owen, of course, our pride was injured, but we were willing to take our medicine, since by taking this compromise for \$8.20 we have put the Dental Law of North Carolina on record in the courts, and, beyond a possible shadow of a doubt, there can be no dental advertising in North Carolina today. (Applause.)

When we made this compromise there were more reasons than those already stated justifying our action. Dr. Owen, through his attorney, Mr. Gorson, had not only attacked our anti-advertising law, he had attacked our right to require each and every dentist in North Carolina to renew his license annually, and he had challenged the right to select the Board of Dental Examiners from the North Carolina Dental Society when the North Carolina Dental Society comprises only a small portion over fifty per cent of the dentists in North Carolina. Now, gentlemen, we feel that those phases of our law are perfectly good, and that they are going to hold good, but you can't tell what a jury will decide and you can't tell which way a bullfrog will jump!

Now, all of these cases that I am telling you about have cost a lot of money; we have already paid out in the last two years nineteen hundred dollars in prosecuting these cases. And we have bills now due to Mr. Bailey and Mr. Pennell for six hundred dollars more. And we haven't the money necessary to pay those men. The State Board needs new equipment in order to conduct a more comprehensive examination, but we haven't the money. It is entirely possible that some of you men right here in this room tonight thought, "Well, I don't know, I don't see why they are increasing the annual dues when it is not necessary." I had a letter from one dentist in North Carolina and he wanted to know why the State Board of Dental Examiners in North Carolina was exploiting the dentists and increasing the dues one hundred per cent. I wrote him something of what I have told you here tonight and told him that the Board did not have money enough to function as it had been functioning. That we either had to have more money or we had to cut down on our activities. "Where are we going to get more money, unless we get it from the dentists themselves? And if we are not going to have more money and must cut down on our activities, just which activity would you prefer should be cut down? Shall we cut down on our examinations and make less rigid examinations, or shall we cease to carry out the provisions of the law?" I wrote this gentlemen, but I never heard from him.

Some of these days I am expecting to go on a very long journey and visit a very fair land, the portals of which are presided over by a very discriminating gentleman. When I arrive at that fair land, there will be no greed, there will be no jealousy, there will be no courts, there will be no laws, I doubt very seriously if there will be any lawyers. (Laughter.) And, gentlemen, until we meet in that fair land, you never can tell which way a bullfrog will jump!

Now, gentlemen, before I close, I would like to have just a word to say regarding section eighteen of our Dental Law, ratified March 6, 1935: This section reads as follows: "Lectures on the science of dentistry shall not be made in North Carolina in connection with the demonstration, promotion, or distribution of any product or products used or claimed to be useful in the promotion of the health of the oral cavity, except after specific authority has been granted by the North Carolina State Board of Dental Examiners." Now, that phrase was not written into our law because we felt that the business houses had anything to put over on the dentists. There are too many

interests in common between the dentists and the supply houses and the laboratories and the manufacturers for any one of us to attempt to put anything over on anybody else. But, we have worked for a long time to build up dentistry in North Carolina to a point where we are proud of our profession. And we do feel that when the dentists need to be taught, the dental profession itself is the one most capable to determine what should be taught, and we feel that we are the ones that are in position to do that teaching better than anybody else.

When we wrote that law we of course did not intend to dictate to the North Carolina Dental Society as to who should clinic and who should not. The State Board of Dental Examiners took the attitude that if a dental organization in North Carolina wished to have somebody come before them and clinic that that was their privilege and they could do so. Now, we find that that very elasticity that we have given is defeating the purpose of that law, and the North Carolina State Board of Dental Examiners feel that there is a real menace to dentistry in having others than the dentists themselves teach dentistry in North Carolina. We feel that this law should be carried out verbatim, except in so far as it applies to the North Carolina Dental Society and its component parts. That would mean, gentlemen, that if a local group of dentists desired to avail themselves of a commercial clinic because they could get that clinic for nothing, that clinic could not legally be held. The North Carolina State Board of Dental Examiners does not want to be dogmatic in this matter; they want to leave it to the dentists of North Carolina. If you want this thing enforced, we will enforce it. And if you see fit to endorse the attitude of the North Carolina Dental Board, those provisions of the law will be carried out. (Applause.)

*Dr. J. Martin Fleming:*

Mr. President, I move that we pass the resolution as to the endorsement of the action of the Examining Board in keeping these clinics out of the State, and I would like to see it passed unanimously by this Society. I will not make that in the form of a resolution; I'll make it in the form of a motion.

(This motion was duly seconded.)

*President Edwards:*

It has been moved and seconded that the North Carolina Dentists endorse the action of the Dental Board of Examiners in keeping these clinics out. Is there any discussion?

*Dr. J. N. Johnson:*

Mr. President, I would like to discuss that question. In the first place, boys and girls—I see one out there—I would like to commend our State Board of Examiners on their activities. It has been a revelation to me just what they have accomplished in the way of prosecutions in the State and the wonderful results they have obtained.

*President Edwards:*

It has been moved and seconded and discussed that the membership of the North Carolina Dental Society approve the action of the North Carolina Board of Dental Examiners. (This motion was unanimously carried. (Much applause.)

The meeting then, at 10:15 o'clock p.m., Monday night, adjourned.

## TUESDAY AFTERNOON, MAY 12, 1936

At 2:00 o'clock p.m., Dr. LeRoy M. Ennis, University of Pennsylvania, Philadelphia, Pennsylvania, gave the following clinic:

## ROENTGENOGRAPHIC TECHNIC (INTRA-ORAL AND EXTRA-ORAL)

By LEROY M. ENNIS

*Dr. LeRoy M. Ennis:*

What was accepted as knowledge yesterday has too often prevented the acquisition of subsequent truth. We are too prone to change in our laboriously accumulated information and ideas that may leave us without a comfortable base. We cling, concede, and modify, and while it is no doubt well in some ways that this is true, since each idea and contention must survive by beating down this inertia through sheer weight of truth, it is unfortunate that many fundamental facts are deflected or delayed in recognition by preconceived notions.

Without a firm preconception of the fundamental principles of angulation it is impossible to master the roentgenographic technic necessary to produce roentgenograms of such a quality that their successful interpretation becomes more a scientific translation of the varying shadows produced than shrewd guesswork, which is often the case when attempting the interpretation of roentgenograms improperly produced.

To Prof. Wilhelm Konrad Roentgen, of Wurzburg, Bavaria, humanity owes honor and gratitude for discovering the most striking and outstanding property of the cathode ray. In 1895, while experimenting and searching for the invisible light rays, he turned on a low-pressure discharge tube completely enclosed in heavy black paper. Immediately, and to his surprise, fluorescent screen standing on a table some distance away was glowing brightly; and by interposing objects between the tube and the screen, shadows were cast on the screen. Briefly, Roentgen had discovered the X-ray.

Within fourteen days of the announcement of these rays that would penetrate solid substances impervious to light, Dr. Otto Walkhoff, of Braunschweig, Germany, had completed the first dental roentgenogram ever made. This he accomplished by placing in his own mouth an ordinary glass photographic plate, made moisture and light proof, and submitted to an exposure of twenty-five minutes—a dangerous experiment that indicates the recklessness of ignorance on the part of the pioneers in the field; and while the result of his attempt was crude and of no diagnostic value, there followed twenty years of tests and experiments that have brought our modern equipment, our better understanding of dental science, our beneficent assistance in reducing disease and suffering, and, not the least important, a realization of the dangers to both practitioner and patient of the unskillful handling of these powerful unknown rays. They are still an unknown quantity, just as they were when Roentgen labeled them "X-rays."

From the foregoing, you can readily realize what a great advancement has been made in the development of roentgenology, both from the standpoint of the perfection of the instrument which we use, which is the X-ray apparatus, and the film. We are able to use high tension current and rectify these currents for use so that we can use them by simply pressing a button. The manufacturers of film have improved their product until today we can get practically any speed film we desire. Making roentgenograms has improved so that today anyone who has had any experience whatever in the making of roentgenograms can do excellent work and can duplicate his results from day to day.

It was only shortly prior to the World War that roentgenology was entered into the curricula of our dental schools, and the great strides from the cumbersome equipment then used to the latest apparatus now available may be ascribed largely to the necessity of portable equipment required by the emergencies of that conflict. It is now possible for every dentist to include a complete roentgen ray apparatus in his office equipment.

Some have questioned the results of this availability, for there have been doubtful as well as positive results arising therefrom. The trouble is that many dentists consider themselves roentgenologists merely because they possess the apparatus. With equal justification every dentist who owns the necessary instruments might declare himself an oral surgeon, and we know the study and experience that are required before we consider anyone entitled to that eminent distinction.

The making of the roentgenograms demands more than the average unthinking dentist will comprehend unless he is thoroughly versed in the requirements of both the technique of making them and the ability to interpret them. Either one of these two realms of roentgenology can be mastered only after a deep study of the fundamentals that demand time and patience.

There can be no halfway methods. A roentgenogram cannot be partly wrong or partly inaccurate. The slightest inaccuracy nullifies its possible assistance in diagnosis, and this applies to whether it has been poorly made or even poorly developed, for an interpretation of such negatives is not merely impossible, but they are always the source of danger in the hands of those who cannot recognize their defects immediately. Unfortunately, there are many who cannot, but who still essay interpretations. There is no guessing about what a negative shows, for the value of the roentgenogram is entirely gone where guesses and doubts interpose.

To that phase of roentgenology covering a field of examinations wherein the film is placed inside of the mouth, and whereby usually is attained a detail of conditions surrounding the individual teeth, we apply the term "intra-oral roentgenography." It is merely a term of classification to distinguish the cases so examined from those requiring that the film be on the outside of the mouth, as is necessary where a greater area must be examined. Fracture of the jaw, tumors, cysts, osteomyelitis, foreign bodies, and other gross conditions represent the type of cases requiring a technique which is termed "extra-oral roentgenography."

The roentgenologist, from among all the principles of technique that have been framed to guide him, should select as the cardinal aim of his efforts the avoidance of distortion on roentgenograms; for if distortion be not avoided his efforts will be not only valueless, but, as probably, harmful.

To prevent distortion, the first step is the proper placement of the roentgen ray tube in relation to the point under examination and to the film. Perfected roentgenographic equipment permits the movement of the tube in only two planes, allowing the angles at which the tube may be set within either plane to be figured quickly and accurately and to be adjusted easily. The two planes are distinct opposites: A vertical plane and a horizontal plane.

The horizontal plane in which the tube moves is always certain, it is parallel with the level of the floor. So, to attain a true technique there must be found a plane of the head that also is parallel with the plane of the floor. That, naturally, we find in the plane of occlusion; but before any of the rules governing the angulation of the tube may be followed, it is necessary that the head of the subject be in a position so that the plane of occlusion is absolutely parallel with the plane of the floor.

In this horizontal plane, which we have defined, the tube so moves that all of its motion is around a perpendicular from the plane of the floor; and, consequently, if we are to make use of it, there must be established a plane of

the head that is perpendicular to the plane of the floor. The sagittal plane answers that requirement, designating the vertical plane in which the tube moves. And thus, in the vertical plane, however we adjust the tube, it will always move in a manner to form an angle, sometimes plus and sometimes minus, with the plane of occlusion.

So, to secure the necessary position for the penetration of rays issuing through the tube, the patient should be placed so that, sitting in a chair, not only is the plane of occlusion parallel to the plane of the floor, but that the sagittal plane forms a true parallel to a perpendicular from the plane of the floor.

Having the limiting planes within which the tube moves, the horizontal and the vertical as represented by the occlusal and the sagittal planes of the head, the angulation of the tube looms as the important function because the slightest deviation from the proper direction can cause so much distress from distortions appearing on the negative. There are fine shades in distinctions of angulation in special cases that no set rule could possibly govern the experienced roentgenologist; there are cases where as many as six or eight exposures may be made at the identical same point before the best results are obtained under rays directed at one particular angle. But there are governing rules of angulation that control absolutely the fundamental technic of roentgenology, and without a strict obedience to these rules in the roentgenologic examination of teeth, the operator will fail.

#### RULES GOVERNING ANGULATION

1. The tube must be so set that the direct rays are perpendicular to the mean tangent of the teeth under examination.
2. Bisect the angle formed by the mean plane of the film and the mean plane of the tooth, and direct the rays perpendicular to the bisecting plane.

The first rule enunciated must be followed if anterior-posterior distortions are to be escaped; for unless the direct rays pass perfectly perpendicular to the mean tangent of the teeth, the negative will not give the true anterior-posterior dimensions. And likewise neither may the second rule, called the "rule of isometry" by Cieszynski, who first formulated it in 1907, be disregarded in the smallest degree. For if, instead of directing our rays perpendicular to the bisecting plane, we direct the rays perpendicular to the mean plane of the tooth, we would surely derive an elongation, a longitudinal distortion, to render an interpretation and a diagnosis impossible.

If the rays are directed perpendicularly to the mean plane of the film, we get a foreshortening. But by following faithfully the basic rule enunciated, directing the rays halfway between these two planes so as to be perpendicular to the bisecting plane, we obtain a result as nearly perfect as possible under the present state of the science.

The essential factors are the sagittal plane of the head, the occlusal plane of the teeth, the horizontal plane in which the tube moves, and the vertical plane in which the tube moves. These planes are most important, and they bear a definite working relationship to each other: The tube moving in a horizontal plane around the sagittal plane of the head, and the tube moving in a vertical plane from the occlusal plane of the teeth, are the major movements that are so highly important in the prevention of longitudinal and vertical distortion.

The sagittal plane of the head must be perpendicular to the plane of the floor at all times. It matters not whether the head is tilted forward, or tilted backward in such a position that the occlusal plane is perpendicular to the floor, the sagittal plane must remain perpendicular. It is the first step in the

production of a roentgenogram and a most important one, as any deviation of this plane to the right or left seriously affects the angulation.

The occlusal plane of the teeth must be parallel with the plane of the floor at all times. If we take an imaginary line from the tragus of the ear to the ala of the nose and establish that line parallel with the floor, we will find that the plane of occlusion of the maxillary teeth is parallel to the floor, for they are parallel to each other. But when the mouth is opened the occlusal plane of the lower teeth changes its position and, therefore, is not parallel to the floor. So to place the occlusal plane of the mandibular teeth in proper relationship to the floor it is necessary to tilt the head backward. The occlusal plane of the mandibular teeth will then be brought forward and upward until the plane of occlusion becomes parallel with the floor. This may be judged by eye.

It may readily be seen, therefore, that if the sagittal plane and the occlusal plane are perpendicular and parallel to the floor, respectively, the head is divided into four quarters, and that a definite position of the head has been established. So now may be considered the movement of the tube in its relationship to these planes.

The roentgen ray tube moving in two planes, the horizontal and the vertical, their definite relationship to the planes of the head, must ever be in mind.

The tube moves in a horizontal plane around the sagittal plane, and the proper relationship between these planes must be maintained at all times so as to prevent an anterior posterior tortion.

Having the sagittal plane perpendicular to the floor, and the plane of occlusion parallel to the floor, the angles of the tube for the various parts of the mouth are as follows:

	<i>Horizontal plane, degrees</i>	<i>Vertical plane, degrees</i>
Maxilla:		
Molar region .....	0	30 to 35
Premolar region .....	10	40
Canine region .....	45	50
Incisor region .....	90	55 to 65
Mandible:		
Molar region .....	0	0
Premolar region .....	10	— 10
Canine region .....	45	— 20
Incisor region .....	90	— 20

Once the head is placed in the proper position and the tube is adjusted to the correct angulation, there remains but two operations to be carried out: (1) The placement of the tube so that the central rays are directed at the apex of the teeth, and (2) the duration of exposure.

If we draw a line from the tragus of the ear to the ala of the nose and cut through on this plane, we would pass through the apical region of the maxillary teeth; so in making exposures of the maxillary teeth, the central rays should pass through, or be over, this line. The point of entry of our direct rays for the mandibular teeth is 0.5 cm. above the lower border of the mandible.

To localize the penetration point for the teeth of the maxilla, the planes being in their proper positions, a line is dropped from the outer canthus of the eye so that it crosses the plane of occlusion at right angles. This line passes through the first molar; and where this line crosses the imaginary line drawn from the tragus of the ear to the ala of the nose will be found the apical region of the first molar; and the central rays must be directed at that inter-

section. The apical region of the second molar is 1 cm. distal, and that of the third molar 2 cm. distal from the region of the first molar.

The premolars are localized by bisecting the eye and dropping a line perpendicular to the plane of occlusion; and it crosses our imaginary line, which is parallel with the plane of occlusion, between the apices of the first and second premolars. Therefore, for the premolars, the rays must be centered over this intersection. The apex of the canine will be on the same line 5 mm. distal to the ala of the nose, while the incisor will be found by directing the rays through the nasal fossa.

Localizing the teeth of the mandible is less intricate because it is easier to see into the mouth and direct the rays accordingly. However, the same landmarks as used for localizing the teeth in the maxilla may be used in the mandible.

#### TECHNIQUE OF THE OCCLUSAL FILM

There are often pathological conditions in the mouth of so gross a nature that the small intra-oral films are insufficient in size to outline the lesion. This makes necessary a resort to a film accommodating the need. A film suitable for the purpose, and at the same time available for smaller intra-oral demands, is known as the Bite Film (Eastman Occlusal Film). With it may be located impacted teeth, supernumary teeth, cysts, odontomes, fractures of the mandible, and also stones in Wharton's duct which may exist in the floor of the mouth.

**MAXILLA.**—The film is inserted in the mouth (with the emulsion facing the palate), between the occlusal surfaces of the teeth in the plane of occlusion. The film should be eased back in the mouth until the positive border of the film packet is in contact with the tissues over the anterior border of the ramus. The head of the patient is now adjusted so as to have the sagittal plane perpendicular to the floor and the occlusal plane parallel to the floor. This naturally will bring the plane of the film parallel to the floor.

For an examination of the anterior region of the palate, the tube is moved in the horizontal plane until the central rays are parallel with the sagittal plane, and moved in the vertical plane until the central rays are 65 degrees to the plane of occlusion. For the small dental units, the time of exposure is usually seven seconds.

For the canine region the horizontal angle of the tube should be set at 45 degrees to the sagittal plane, and the vertical angle 55 degrees to the plane of occlusion, the central rays directed through the canine region. The time of exposure should be the same as for the anterior region, seven seconds.

It is often necessary to obtain a roentgenogram of this type in the maxillary molar region. In such cases the horizontal angle of the tube should be set at 90 degrees to the sagittal plane and the vertical angle of the tube at from 60 to 70 degrees. The exposure time must then be advanced to ten seconds.

**MANDIBLE.**—The film is prepared and placed in the mouth in the manner similar to that followed in the maxilla, except that the emulsion side of the film would in these cases face the floor of the mouth.

For an examination of the mandible in the region of the symphysis, the sagittal plane of the head is placed perpendicular to the floor; the chair is now tilted backward until the plane of occlusion is 45 degrees to the plane of the floor. Thereupon the tube is manipulated in the horizontal plane until the central rays are parallel to the sagittal plane, and adjusted in the vertical plane until the central rays are at 45 degrees to the plane of occlusion. From this position the central rays are directed through the symphysis for an exposure time of seven seconds.

It often becomes necessary to examine minutely the floor of the mouth. Especially is this imperative when attempting to localize stones in Wharton's duct.

To examine this region the chair must be tilted backward until the occlusal plane is perpendicular to the plane of the floor, and thereupon the tube manipulated in the horizontal plane until the rays are parallel to the sagittal plane, and manipulated in the vertical plane until the rays are perpendicular to the occlusal plane. On account of the rays being called to penetrate no osseous structure, save only the pathological lesions, the time exposure may be reduced to six seconds.

This is the only satisfactory practical method known for such cases, for by it is avoided any superimposing, a result so often encountered when using lateral plates where the stone was thereby prevented from showing in so many instances.

## FRACTURES

### *Roentgenographic Technique*

The roentgenogram contributes an indispensable factor in the localization of maxillary and mandibular fractures. But to attain this important aid, much depends upon the experience and thoroughness of the roentgenologist, for in the study of fractures it is just as essential to follow a definite and comprehensive technique as it is necessary when examining sinuses. Dire results have too often followed the neglect of operators to know and to abide by the routines of proper technique.

Two techniques must be known and followed: The intra-oral technique and the extra-oral technique. The region under examination determines the technique the operator should follow, and determines also the type of film to be used. With the patient in a sitting posture, a proper routine examination with a roentgenological study of both the right and left maxilla and mandible will decide the course of the operator.

The extra-oral technique is employed when fractures are suspected in the following regions:

- Condylod process of the ramus.
- Body of the ramus.
- Coronoid process of the ramus.
- Body of the mandible, extending from canine region to the angle of the mandible.

The intra-oral technique is employed in examinations for suspected fractures in the following:

- Symphysis of the mandible.
- Buccal and lingual plates of the mandible.
- The maxilla.

To develop a definite technique, we employ the two accepted planes of the head—the sagittal plane, around which the extra-oral technique has been built, and the occlusal plane, with which the intra-oral technique is more closely associated. And here it may be stated generally that in following the extra-oral method the type film used is either a 5x7 inch or an 8x10 inch duplitized film, used always with double intensifying screens placed in a suitable cassett. But for the intra-oral method it is necessary to use the Eastman occlusal film, 2x3 inches, which is placed in the mouth parallel with the plane of occlusion and held in that position by the bite of the patient upon the film packet.

### *Extra-oral Technique*

For roentgenographic studies of the condylod process and the temporo-mandibular articulation, the definite, progressing stages to be passed are:

#### FRACTURES OF THE CONDYLOID PROCESS

An 8x10 cassett loaded with film is placed perpendicular to the floor.

The sagittal plane of the head is adjusted parallel with the plane of the cassett.

The head of the patient is extended forward as far as possible; this being highly important, as the extension of the head brings the temporo-mandibular articulation anterior to the vertebra of the neck, thus avoiding the shadow of the vertebra being superimposed over the temporo-mandibular articulation and the condyloid process.

The tube is thereupon so placed as to direct the central rays perpendicular to the sagittal plane, the rays, being parallel to the floor, forming an angle of ninety (90) degrees with the cassett.

Then the head of the patient and the cassett are tilted to an angle of thirty (30) degrees from a perpendicular to the floor to form an angle of one hundred and twenty (120) degrees between the plane of the cassett and the direct rays.

A two-inch bandage is passed around the head and the cassett, and fastened by a clamp or hemostat Fig. to prevent mobilization of the head. This detail is extremely important, for the slightest movement between the object and the film during exposure to the roentgen rays would produce a blurred and therefore a useless image.

So that the central rays may pass in front of the vertebra and through the condyloid process of the opposite side of the head, the tube is then moved anteriorly in a horizontal plane, and the central rays directed at the angle of the mandible nearest the tube Fig. at an angle of five (5) degrees from a perpendicular, the rays, however, remaining parallel to the floor.

#### THE BODY OF THE MANDIBLE

In making roentgenographic studies of the body of the mandible extending from the canine region to the angle of the mandible, some features of the technique just outlined are used:

The sagittal plane of the head and the plane of the cassett must parallel each other.

The head of the patient and the cassett must be inclined away from the tube at an angle of thirty (30) degrees from a perpendicular to the floor.

The head must be extended anteriorly as far as possible.

But at this stage it is necessary to consider well the posture of the head before it is tilted to the cassett so as to prevent mobility.

The sagittal plane of the head is rotated toward the plane of the cassett until the long axis of the mandible is parallel with the plane of the cassett; and when in this position the malar bone, and the zygomatic process, with the long body of the mandible, will be in contact with the cassett.

This position attained, a two-inch bandage is passed around the head and cassett, binding them together to prevent even the slightest movement between them.

Adjusting the plane of the cassett perpendicular to the floor, the tube is placed so that the central rays will be perpendicular to the cassett in both the horizontal and vertical planes.

Now, while the tube remains in this position the head and the cassett are inclined at an angle of thirty (30) degrees from a perpendicular to the floor.

Thus the vertical angulation, or the angle formed between the central rays and the plane of the cassett, becomes one hundred and twenty (120) degrees, while the horizontal angulation of the tube remains at ninety (90) degrees.

The central rays are directed at the angle of the mandible nearest the tube.

## FRACTURES OF THE RAMUS

It is very often necessary to ascertain the exact amount of lateral displacement occurring in fractures of the ramus. This information may be secured from an anterior-posterior roentgenographic study of the head, an examination sometimes called upon to render or confirm a diagnosis of a fracture.

The manner of procedure in such cases is:

The plane of the cassett is placed upon a table surface parallel to the plane of the floor.

The head of the patient is set with the nose and forehead touching the cassett, the sagittal plane of the head perpendicular to the floor.

The head and cassett are then strapped together to prevent either moving.

The tube is angulated so that the central rays parallel the sagittal plane and pass through the head about two cm. below the lower border of the occipital protuberance, striking the cassett at ninety (90) degrees.

## INTRA-ORAL TECHNIQUE

While the majority of fractures of the jaws are found in the mandible the number of maxillary fractures seem to be on the increase, and they are difficult to reveal on the roentgenogram without a precise technique and the particular type of film required.

## FRACTURES OF THE SYMPHYSIS

When studying fractures in the region of the symphysis of the mandible, it is necessary to employ the intra-oral technique, effective because of the simplicity and the rapidity with which results are obtained and, quite highly important, because it avoids completely the superimposition of other anatomical structures.

The technique follows:

The patient should be in a sitting posture, where possible, with the head resting comfortably in the head rest, the sagittal plane of the head perpendicular to the floor, and the head inclined backward with the occlusal plane at an angle of forty (40) degrees to the plane of the floor.

An Eastman occlusal film, the corners of the film packet first being bent under to avoid discomfort to the patient, is inserted into the mouth as far as possible with the smooth side of the packet—the emulsion side of film toward the tongue and paralleling the plane of occlusion. It is held in position by the bite of the patient.

The tube is then adjusted so that the central rays parallel the sagittal plane and pass through the symphysis at an angle of fifteen (15) degrees, making the total angle between the plane of the film and the central rays sixty (60) degrees.

## FRACTURES OF THE BUCCAL AND LINGUAL PLATES OF THE MANDIBLE

For suspected fractures of the buccal or lingual plates of the mandible:

The head of the patient in the head rest, the chin is inclined backward until the patient is reclining with the sagittal plane of the head perpendicular to the floor, with the chin extended upward and forward until the occlusal plane is also perpendicular to the floor.

The occlusal film, the smooth or emulsion side next to tongue, is then inserted into the mouth in the occlusal plane, the patient being instructed to bite upon it to hold it in position.

The tube is thereupon angulated so as to have the central rays parallel to the sagittal plane and perpendicular to the occlusal plane and directed through the suspected area.

## FRACTURES OF THE MAXILLA

In examining fractures of the maxilla:

The patient should be in a sitting posture, head lying comfortably in the head rest, the sagittal plane of the head perpendicular to the floor and the occlusal plane parallel to the floor.

An occlusal film is inserted into the mouth with the smooth or emulsion side of the packet toward the palate and paralleling the plane of occlusion, and held in that position by the patient biting upon the packet.

The tube is thereupon adjusted so that the central rays will be at a vertical angle of sixty (60) degrees and will be parallel to the sagittal plane.

This method of examination will reveal the anterior portion of the maxilla.

For fractures in the molar and premolar regions, the position of the patient and the film are the same as when making roentgenographic studies of the anterior region of the maxilla—patient sitting, head in head rest, sagittal plane perpendicular to the floor, occlusal plane parallel to the floor; and onocclusal film is inserted parallel with the plane of occlusion, the emulsion side facing the palate, and held in position by the bite of the patient.

The tube is placed to allow the central rays to pass through the premolars at an horizontal angle of forty-five (45) degrees from the sagittal plane and at a vertical angle of fifty (50) degrees from the occlusal plane.

When the importance of these technical details are recognized and treated accordingly, and when the proper interpretation of them has been acquired, great strides will have been made towards intelligent treatment of the pathological lesions revealed.

The Annual Banquet was held in the Main Dining Room of the Carolina Hotel, Tuesday evening, May 12, at 6:30 o'clock p.m.

*Dr. E. M. Medlin:*

Ladies and Gentlemen: I didn't expect to have to present the toastmaster so soon. As a matter of fact, it was my understanding that there would be no speeches made at this banquet. (Applause.) That includes introductory speeches. (Hurrah, from the floor.)

I take great pleasure in presenting to you at this time Mr. Harry Buchanan, Vice-President of the Carolina Theatres Association, who is considered one of the best toastmasters that ever set foot on virgin soil of North Carolina. (Applause.) Mr. Buchanan is considered one of the most popular men outside of the Legislature of North Carolina that we have. (Laughter.) I present to you at this time, Harry Buchanan. (Applause.)

*Toastmaster Buchanan:*

Ladies and Gentlemen of the North Carolina Dental Society: I understood perfectly when I was selected your toastmaster that no speeches were expected. In fact, I have never been known to make one.

I wish to say that it is a pleasure for me to be here. Why you asked me, I don't know—but I want to take this opportunity to present at this time the first woman dentist, as I understand it, in North Carolina,

Dr. Daisy McGuire! I understand that following that, her sister, Dr. Jessie Zachary, has become a dentist in North Carolina. (Applause.) In the small county from which I come there are eight or ten dentists. I understand Dr. McGuire now has two daughters. Pretty soon the women element will own the dental profession of North Carolina. You better look out.

I have nothing further to say to you at this time. (Applause.)

*Toastmaster:*

Dr. J. Martin Fleming will now present some Past President's Emblems. (Applause.)

*Dr. J. Martin Fleming:*

Mr. Toastmaster: Dr. Turner, the Society is not unmindful of your service, and in recognition of your loyalty and service a hundred and fifty of your personal friends present you with this Emblem with the love and esteem of all of us. I feel honored in being selected to present it to you. (Applause.)

*Dr. Turner:*

Mr. Toastmaster, Ladies, and Gentlemen: I must say in the beginning that we have a good toastmaster and he has relieved me of a great long speech.

Dr. Fleming, in accepting this Emblem I am thinking how generous and kind my friends have been to me. I appreciate the honor bestowed upon me and I shall cherish the memories and speak of them often. You can hardly know what this Emblem means to me. I thank you. (Applause.)

*Dr. Fleming:*

Mr. Toastmaster, that was only half of my pleasure. I will ask if Dr. Ike Davis is in the hall? He ran out on me. (Laughter.) I had hoped to be able to present him an Emblem, but inasmuch as he is not present, with your permission, I will present this Emblem to Dr. Turner. Dr. Turner, it gives me much pleasure to present Dr. Davis' Past President Emblem to you.

*Dr. Turner:*

I take pleasure in taking this Emblem and thanking the Society in behalf of Dr. Davis. (Applause.)

Dr. Turlington, of Clinton, introduced Miss Florence Bizelle, accompanied at the piano by Mrs. Caldwell, who sang very beautifully. (Much applause.)

*Toastmaster:*

I tell you right now that Sampson County produces something else besides huckleberries. I would like to invite the attention of you single men to the fact that the young lady who just sang is still single.

Dr. L. M. Daniel presented the winners in the Golf Tournament the prizes they won.

Miss Eutha Ponton, of Fayetteville, gave a tap dance. (Applause.)

*Toastmaster:*

I recognize Dr. Amos Bumgardner, who will present a Past President's Emblem to Dr. W. M. Robey.

*Dr. Bumgardner:*

Ladies and Gentlemen, in behalf of the friends of Dr. Robey in Charlotte, who wish to recognize one of our men who in 1921-22 served the North Carolina State Dental Society as its President, I wish to say: You have lived with us and been among us and in a very conservative way; and while many of our young men were not privileged to be members of the Society during the time of your office, we feel that you rendered a noble service. And we take this opportunity to present to you a Past President's Emblem from your friends. (Applause.)

*Dr. Robey:*

Dr. Bumgardner, I wish to thank you for this Emblem. I am just about overcome. I have received one blow after another the last few weeks, and I never had my picture in anything in my life until it was published in the Bulletin. That came out and I saw it, with just one of the nicest little remarks that I had ever seen. At that, I almost fell over, and now this, coming as a complete surprise, and I am afraid you will have to send lilies next. I thank you. (Applause.)

*Toastmaster:*

I would like to recognize at this time Dr. R. M. Olive, who will present a Past President's Emblem to Dr. J. H. Judd. (Applause.)

*Dr. Olive:*

Ladies and Gentlemen, I take pleasure in introducing to you tonight an old friend of mine. I have been practicing in Fayetteville for twenty-two years and he is a few years ahead of me. This man has been a father and a brother, you might say, to me, and a fellow I have never had any trouble with, and I have practiced with him daily. He is quite unassuming, gentlemen, but one of the best men that I have ever known. I take pleasure at this time in presenting Dr. J. H. Judd, of Fayetteville, a Past President's Emblem. (Applause.)

*Dr. J. H. Judd:*

Ladies and Gentlemen: I wouldn't be human if I didn't appreciate this. I sometimes think we appreciate those things most of which we feel the least deserving. There are three things I think of at the present

of which I am very proud: That is, when my parents gave me my name, the fact that I am a citizen of North Carolina, and a member of the North Carolina Dental Society. I have never traveled a great deal, but I have been in a few states, and I have never been ashamed to let anybody know I was from North Carolina. I am proud of the fact, and have been ever since I entered this Society, that I am a member of the North Carolina Dental Society. It is enough honor for any man. But, as Dr. Robey said, this is overcoming. I thank you. (Applause.)

*Toastmaster:*

The next we will have Dr. I. H. Hoyle present a Past President's Emblem to Dr. R. M. Squire.

*Dr. Hoyle:*

I am sure that all of us, as we observe these men coming up to receive these emblems, are just as envious as we can be. I know I am! My voice is trembling from fright, their voices tremble from emotion. Anything that I might say in an effort to present this pin would be in the matter of just so much static of interference with the emotion that this man is having.

There are fifteen of your friends, Doctor, who are *so* proud to be your friends and present to you at this time this emblem. (Applause.)

*Dr. Squire:*

My friends, I have been surprised a great many times, but I never have been more completely floored than I am at this moment. Words fail me in expressing my appreciation to you, my friends, in honoring me this way. I am too unworthy, therefore I appreciate it possibly all the more. I thank you. (Applause.)

*Toastmaster:*

At this time Dr. H. R. Chamblee will present a Past President's Emblem to Dr. W. T. Martin.

*Dr. Chamblee:*

Mr. Chairman, several years ago a very handsome fellow came to us from Benson to Raleigh. Since then we have learned to know him and appreciate him and to love him. Dr. Martin, on behalf of your friends in Raleigh, I present to you this small emblem, representing in a small way the service that you gave to the North Carolina Dental Society during your term as president. (Applause.)

*Dr. Martin:*

Dr. Chamblee, I cherish most highly this emblem and I appreciate it. (Applause.)

*Toastmaster:*

Dr. Paul Jones will please come forward and present the Past President's Emblem to our retiring president, Dr. Z. L. Edwards. (Applause.)

*Dr. Paul Jones:*

Mr. Toastmaster, Ladies and Gentlemen, there are several good reasons why I am happy to have the privilege of presenting to you this emblem, in the name of the North Carolina Dental Society. First, just six years ago at Asheville, North Carolina, you originated the idea of presenting to our retiring president an emblem as a token of appreciation for services rendered. At that time I know, and every member of the North Carolina Dental Society knows, that you had no personal ambition, neither had you ever dreamed that you would be a recipient of this token. Second, we have been warm and stout personal friends over a long period of years, we have shared joys and sorrows, successes and failures alike. I have traveled with you over the beautiful mountains of our First District in the west and even back to the fertile flat plains of the Fifth District in the east.

Many times during my humble efforts in behalf of this organization, I and others have found it necessary to call upon you for counsel and advice. Never once have you fallen down, but you have always come through with something fine and worth while. You are the finest friend any man ever had; you are the finest friend that any organization ever had.

Third, you have moulded a noble record of achievement for your administration by the sincere devotion of your time, talents, and means to the exaltation of the high ideals of this great organization. Even in the early days of your membership, by your retiring and unassuming manner you were unknowingly and unconsciously laying the foundation for this very moment. No organization can boast of a more able or sincere worker than you. You have been the finest president we have ever had.

Now, it is our desire that you accept this emblem by no means as an effort on our part to repay you for your noble and unselfish efforts; but as a token of our appreciation of your faithfulness to this organization. May it ever symbolize to you our recognition and sincere gratitude for the distinguished service you have rendered.

So, now, on behalf of the North Carolina Dental Society, Zeno, it is my happy privilege to present to you this, our token. (Very much applause.)

*President Edwards:*

Paul, members of the North Carolina Dental Society, I refuse to accept this emblem as a token for services past rendered, but with a heart full of gratitude I do accept it as an inspiration to continue my

efforts to uphold the standards of organized dentistry and of this, our organization. I thank you. (Much applause.)

*Toastmaster:*

I have a very important announcement to make at this time, just before closing this meeting. I am informed that after the banquet drinks will be reduced to twenty-five cents. (Laughter and applause.)

Charlie Picquet, of Pinehurst, at this time will lead us in a song. It should be "Happy Days Are Here Again" after that announcement about the drinks. Come up here, Charlie.

Charlie Picquet led the assembly in "My Wild Irish Rose" and "Let Me Call You Sweetheart."

*Toastmaster:*

We always save the best for the last; in this connection, I don't think it is improper in my introducing a young lady to you who comes from the town of Sylva, North Carolina, which will and has produced more women dentists than any other town in the world. I would like to present at this time one of my old school chums, Jessie Zachary. (Much applause.)

And, just to show you that there is nothing to that, I want to introduce at this time my ball and chain, Mrs. Buchanan. (Applause.)

Behind every good man there is always a good woman; I want to present to you the power behind the throne of your retiring president, Mrs. Edwards. (Much applause.)

Now, gentlemen, your retiring president wishes me to announce that following the closing of this meeting there will be an election of officers, and every one of you is requested to be there. I now turn the meeting over to Dr. Edwards for adjournment.

*Dr. Edwards:*

We are now adjourned and will go to the meeting place for the election of officers.

The Annual Banquet then adjourned at 8:45 o'clock p.m.

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The General Session was called to order by President Edwards, at 8:45 o'clock p.m., Tuesday evening, May 12, 1936.

*President Edwards:*

The Constitution and By-Laws provide that the order of business at this session will be the election of officers. Before we enter into that, I wish to announce the following Election Committee, who will act as tellers. I understand that under the circumstances it will require about

seven men. Dr. C. E. Minges, chairman; Drs. O. C. Barker, J. H. Nicholson, W. T. Ralph, H. A. Edwards, Amos Bungardner, E. L. Thomas (not here), Paul Fitzgerald to be substituted for E. L. Thomas.

Now, gentlemen, we are ready for nominations for your next President-elect.

*Dr. Phin Horton:*

Mr. President, Gentlemen and Ladies of the North Carolina Dental Society: There is a saying that we have all heard what has been attributed to our beloved Senator Vance, that the horse that plows the corn should eat the fodder.

The man that I am about to nominate for your President-elect has been a good old plowhorse, although he is still a very young man. We put him through the paces a few years ago and he measured up in every particular. He worked hard, diligently, aggressively, without being unpleasant, and he put his work over and he has been doing it ever since.

It gives me a great deal of pleasure to nominate Harry Keel for our President-elect. (Applause.)

*Dr. S. Robert Horton:*

I want you all to know that the Hortons are not a nominating society; but having practiced in a town for a number of years we generally find out about what sort of a man he is, and I want to second the nomination of Dr. Phin Horton in that he has pulled the plow. It gives me great pleasure to second this nomination, and I hope indeed that Harry Keel will be put in the place of President-elect and that there will be no conflict.

*Dr. E. B. Howle:*

I have known Dr. Harry Keel for a number of years and I do not know of any member of this organization who is more worthy of the highest honor within the power of this organization to bestow. I also would like to second the nomination of Dr. Harry Keel.

It was moved the nominations be closed.

*Dr. Martin:*

Mr. President, I have in mind a very public-spirited citizen who has capacity and ability not only in his office but as a servant of this organization. He is a Christian of the highest type. These speak far more eloquently for him than any words. It is my pleasure to nominate as President-elect of the North Carolina Dental Society Dr. J. F. Reece, of Lenoir. (Applause.)

This nomination was seconded by a member.

*Dr. Yates:*

Gentlemen of the North Carolina Dental Society, for a good many years it has been my privilege to be just across the street from Dr. Reece,

and I have never seen a more coöperative or more ethical man in my life, in the office or out of his office. I take pleasure in seconding Dr. Reece's nomination.

*Dr. A. Pitt Beam:*

Mr. President and members of the North\*Carolina Dental Society, I feel that there is one phase of the life of Dr. Reece that is to be brought before your attention tonight before this is closed; and that is his attitude towards the young men coming into this Society. I have had the privilege of having known Dr. Reece since my first year in college. It was there that I was struck by his kind interest and fatherly advice and guidance of the boys of this community. It is a privilege for all those that have come under his influence. Dr. Reece has always unselfishly helped these men as they entered the college from another community.

I happen to have been located in an adjoining county to the Tri-Dental Society of which Dr. Reece is a member and through his kindness and guidance and goodness he invited me as an outsider to come in and share the benefits of their society. I have known of other instances in which Dr. Reece has gone to expense and trouble and unselfishly helped young men, perhaps without the knowledge of those about him. I think this one thing places Dr. Reece in such a way that we would be honored in this Society to have him as President-elect.

*Dr. E. M. Medlin:*

I want to second the nomination of John Reece. He is a gentleman; he will elevate dentistry in North Carolina. I am asking no favors, except that you nominate him and elect him President-elect and he will help dentistry. I am for John Reece.

It was moved, seconded, and unanimously carried that the nominations be closed.

*President Edwards:*

Just a minute, gentlemen. It is my understanding that the vote is to be cast by members in good standing. It is understood that those who have not paid their current dues are not eligible to vote. If a man has his badge it is an indication that he has paid his dues.

*President Edwards:*

While we are waiting for the vote to be counted, nominations for Vice-President are in order.

*Dr. R. M. Olive:*

Mr. President, Ladies and Gentlemen: I am nominating Dr. E. M. Medlin, of Aberdeen, for Vice-President. He has been our chairman of the General Arrangements Committee and I happened to have the honor of working with him this year, and he is a very deserving candidate and I would like to nominate Dr. Medlin and would like to ask that we suspend the rules and make it unanimous, making him Vice-President.

*Dr. Turlington:*

I would like to second that nomination.

*Dr. Minges:*

Gentlemen of the North Carolina Dental Society, and Ladies: The chairman of the tellers stands convicted of a very grave offense, in that he did not know that the adding machines had to be locked, and we have all registered a complete blank! (Very much laughter.) Is my face red! I am extremely sorry. I will have to ask you, please, to simply get on the right-hand side of the rope and do this just as before.

It was moved that the rules be suspended and the Secretary authorized to cast the vote of the entire North Carolina Dental Society for Dr. Medlin for Vice-President. This was seconded and unanimously carried.

*Secretary Alford:*

It gives me great pleasure to cast the entire ballot of the North Carolina Dental Society for Dr. E. M. Medlin, as Vice-President. (Applause.)

*Dr. Minges:*

Mr. Chairman, your committee is ready to report. There were 191 votes cast, of which Dr. Keel received 69 and Dr. Reece 122. (Much applause.)

It was moved and seconded that the election be made unanimous; the motion carried.

*President Edwards:*

We will now have nominations for Secretary-Treasurer.

*Dr. Chapman:*

I wish to place in nomination for this position, that is a position of importance and trust in our organization, a man whom I do not wish at all to eulogize; he doesn't need it, in the first place, and I couldn't do it in the second place; nevertheless, his record stands as his certificate. It is no need to go any further; I wish to nominate Frank O. Alford, of Charlotte, to succeed himself as Secretary-Treasurer of our organization. If there are no objections, I want the rules suspended and Frank Alford elected by acclamation. (Applause.)

This was seconded by Drs. R. M. Olive and Wilbert Jackson.

It was moved, seconded, and unanimously carried that the rules be suspended and that the President cast the vote for the election of Dr. Frank O. Alford as Secretary-Treasurer.

*President Edwards:*

I take much pleasure in casting the entire vote of the North Carolina Dental Society for Dr. Frank O. Alford for Secretary-Treasurer, to succeed himself. (Much applause.)

The next order of business is the two members of our Examining Board of the terms expiring at this time. Dr. Billy Bell, of Asheville, and Dr. Ralph Jarrett, of Charlotte. I will first ask for nominations to fill the vacancy of Dr. Billy Bell.

*Dr. J. A. Sinclair:*

Mr. President and Members of the North Carolina Dental Society, we have now come to that part of our program where our responsibilities have increased a great deal. We now are acting for the State of North Carolina; we are to elect or appoint a member of the Examining Board, who is to stand between the people of the State of North Carolina and those applicants who are intending to come in to practice dentistry upon her people—so you see the importance of this election.

We have in the past had a wonderful record in fulfilling this important duty to the State of North Carolina. Ever since I have been a member of this organization our Board of Dental Examiners has stood out without criticism. Times have changed a great deal during those years. The science of dentistry is progressing fast and those men of years ago that were on that Board, they would not be able, some of them, to carry out the responsibility that is put upon them today.

I am satisfied that we have the best Board of Dental Examiners today that we have ever had. I am satisfied that Dr. Bell has done his duty; it doesn't make any difference whether it was a friend of his or what it might be, he is going to do his duty. He not only has represented the State of North Carolina but he represented the student; he must play a dual part, he must be fair to that student, if he is competent he must allow him to practice dentistry. In other words, this responsibility is great.

I am not nominating Dr. Bell on account of my personal feelings towards him; you know what that is. If he was not competent to carry out this, I would not nominate him. It gives me a great pleasure and satisfaction to nominate Dr. Bell to succeed himself, Mr. President.

(Much applause.)

*President Edwards:*

Are there other nominations?

It was moved, seconded, and unanimously carried that the nominations be closed, that the rules be suspended, and Dr. Bell be elected by acclamation, the Secretary-Treasurer to cast the vote for the entire Society.

*Dr. Alford:*

I hereby cast the unanimous vote of the North Carolina Dental Society for Dr. Billy Bell as a member of the Dental Examiners. (Applause.)

*President Edwards:*

The next nominations are in order for another member of the Board, to succeed Dr. Ralph Jarrett.

*Member:*

Mr. President, I am not going to make a long speech. (Applause.) I thank all three of you. It has been my privilege and pleasure to practice with the man I am going to nominate and he is Ralph Jarrett. He needs no introduction. I have had the privilege of practicing with Dr. Jarrett in the home town for the last thirteen years, since I came out of dental school. He preceded me there many years. I also knew this man in college. I know the work that he did in school. I am conversant with the high type of dental practice that he practices in his home town. He is highly thought of and respected in his home town and stands as high with every dentist there as he possibly could. He does everything that he can to uphold the sacred trust you have placed in him.

He did yeoman service for this and he stands ready and well equipped and qualified to carry on that work. He represents not only the student mind but he represents the adult and those passing beyond as well. I would like to see Dr. Jarrett nominated to succeed himself, Mr. President.

*Dr. Turlington:*

If what the gentleman says is so, I move we close the ballot now (very much and prolonged laughter.) (From the floor: What he said is so!) Then put it to a vote.

*Member:*

Although a comparative stranger and a new member in the North Carolina Dental Society, there is a man in your midst here tonight who has been with us thirteen years, since we graduated from the dental school. He has been honored by his district society. He was an honor man of the University of Maryland. Perhaps you all do not know him quite so well as I do. I would like to nominate Dr. John L. Ashby for that job.

*Dr. O. L. Presnell:*

I wish to second the nomination of my friend, John Ashby.

*Dr. Phil Horton:*

Having known Dr. Ashby for quite awhile, and living in the town probably forty-five miles from me, and knowing him to be a very high-class man and a man that knows dentistry and knows the technique and can deliver the technique, I am quite sure that he has the good of the Society at heart and I am sure that were he elected to this Board that he would do his duty as he saw it. I wish to also second his nomination.

*President Edwards:*

Are there any other nominations?

*Dr. Minges:*

Mr. Chairman, there were 178 votes cast. Dr. Jarrett received 87; John Ashby received 91. (Applause.)

It was moved, seconded, and unanimously carried that Dr. John Ashby be elected unanimously.

The Secretary-Treasurer read several telegrams received from affiliated and interested dental organizations.

*President Edwards:*

The next on our program is the election of a delegate to the American Dental Association for three years.

*Dr. F. L. Hunt:*

Mr. President, Members of the North Carolina Dental Society: This is a very important office, especially at this time. There is a very important work coming up before the A. D. A. at their meeting in San Francisco in regard to dental education and about the only way that North Carolina can be well represented is by having as delegates men who have been there and know something of the ropes and know the people in the A. D. A., the officers and the other delegates; and for that reason, and for the additional reason that Wilbert Jackson has been one of the best delegates that North Carolina has sent in many years, for that reason I wish to place in nomination to succeed himself Dr. Wilbert Jackson as delegate to the A. D. A. (Much applause.)

The motion was duly seconded and unanimously carried, that Dr. Wilbert Jackson be elected by acclamation to succeed himself as delegate to the A. D. A., the vote being cast for the North Carolina Dental Society by Dr. F. L. Hunt.

The following three members were nominated and seconded for alternates to the American Dental Association: Drs. E. H. Branch, C. E. Minges, and Z. L. Edwards.

*Dr. J. Martin Fleming:*

Mr. President, Dr. Branch comes to me and says it will be impossible for him to serve as a delegate, therefore I withdraw his name.

*President Z. L. Edwards:*

I appreciate very much the sentiments expressed by Dr. Howle in nominating me as an alternate. I feel that the North Carolina Dental Society should by all means have representation and I have a very strong conviction, on the other hand, that no man who is nominated should accept the nomination when he knows that he cannot go. As much as I should like to go, it will be impossible for me to attend that meeting. Therefore, I feel that the organization should elect an alternate who will be able to attend. I thank you very much, but I desire that Dr. Howle withdraw my name.

*Dr. Gene Howle:*

If the President wishes, I will withdraw his name.

Dr. John McClung was nominated and, upon his request, his name was withdrawn. Dr. J. A. Sinclair was nominated and duly seconded. Dr. Billy Bell was nominated and duly seconded.

The rules were suspended and the following members elected by acclamation as alternates to the American Dental Associations: Drs. C. E. Minges, J. A. Sinclair, and Billy Bell.

*President Edwards:*

The next on our program is the meeting place, and before any invitations from the floor are received I shall ask the Secretary to read some invitations.

Invitations from Blowing Rock, Asheville, and Charlotte were read by the Secretary.

*Dr. Medlin:*

Mr. President, its getting late and I am not going to make a speech at all; but I want to say in behalf of the management of the Carolina Hotel and the Village of Pinehurst that it has been a pleasure to have you with us and we hope you will come back with us next year. The management can arrange for the convention the third, fourth, and fifth of May; everything then will be wide open and will be much more convenient and with more entertainment for the ladies and man. I hope you will come to see us again. (Applause.)

*Dr. C. E. Minges:*

Gentlemen of the convention, I would like very much to meet in Charlotte, and I also like Blowing Rock, Mayview Manor, and all the other places that have been mentioned; but, after all, Blowing Rock is in the extreme western part of the State and Charlotte is in the southwest Piedmont section, far removed from the center of the State; and we should first and always consider the welfare of the North Carolina Dental Society, which is dependent, gentlemen, on the number of men that we can get interested and bring to our convention.

We have, according to the Secretary, I think some fifty more members registered here than we had in Blowing Rock; while fifty men does not sound so big, that could very easily mean a great deal; and I subscribe to the principle that we should hold our meeting, even though it may not be so comfortable here as in Blowing Rock, in a central portion of the State and in a central town of the State.

I know of no better place than is Pinehurst. You can't advance the argument that the expense is more; because I don't believe that I have ever gotten more for six dollars, including the heat that I suffered the first night, than here at Pinehurst. I think that we could not do better than to come again to Pinehurst for our next annual meeting. (Applause.)

*President Edwards:*

Are there other invitations? If not, I declare the invitations closed.

Prepare to vote. All in favor of Charlotte, let it be known by standing. All in favor of Pinehurst, stand. (Applause.) Pinehurst is the meeting place.

We have some very important business to conduct before the House of Delegates and it will meet immediately after the adjournment of this meeting. I want to extend to the membership, again, the invitation and privilege of sitting in and listening to the business of your House of Delegates. It is your organization and I not only give you the invitation but we desire very much that you sit in and hear the business before the House of Delegates.

The general meeting then, at 10:15 o'clock p.m., adjourned.

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A meeting of the House of Delegates was held in the Bridge Room, Carolina Hotel, Tuesday evening at 10:15 o'clock.

*President Edwards:*

The House of Delegates will come to order. We will now have the Secretary to call the roll.

*President Edwards:*

I declare the meeting open for the transaction of business. Are there any reports ready to be made at this time?

*Dr. Ernest A. Branch:*

Mr. President and Members:

#### REPORT OF THE ORAL HYGIENE COMMITTEE, THE NORTH CAROLINA DENTAL SOCIETY, 1936

In making its report the Oral Hygiene Committee of the North Carolina Dental Society is taking the liberty of using parts of the report of the Division of Oral Hygiene of the North Carolina State Board of Health, as the State Board of Health is directing a Mouth Health Program in the schools of North Carolina.

Mouth Health Teaching as carried on in North Carolina is proving its worth as an integral part of our Public Health Program. The Division of Oral Hygiene is directing its activities to the field of prevention by conducting an educational program in the schools of the State. Dentists are trained to go into the class rooms and teach Mouth Health didactically. After this is done, the dentists set up dental equipment, examine the teeth of all of the children, make the necessary corrections for as many indigent children as possible, and refer the other children, by cards mailed to their parents, to their family dentists. Reports from dentists engaged in private practice indicate that thousands of children are thus prompted to go to their offices. This arrangement is entirely satisfactory to all concerned.

A concrete example of what is being accomplished in the field of prevention is furnished by the records of an isolated county. This county, in which there is no dentist, had a Mouth Health Program in its schools for the first time six

years ago. At that time it was necessary to extract forty-seven teeth for the children in one school. This county has had a Mouth Health Program each year since, all of the schools being visited each year. In the program just finished there was only one permanent tooth to be extracted in all the white schools, and this was for a child who had moved into the county during the present school year. This should be satisfactory evidence to all concerned that Mouth Health Teaching does pay, and that it has a place in every Public Health Program.

In teaching Mouth Health many methods of Visual Education are employed. One of these is the Puppet Show, *Circus or Bust*, which we mentioned in our report last year. During this school year the play has been presented in approximately 540 schools. The children are invited to write to Little Jack, the hero of the play. They are asked to mention in their letters the four rules of Mouth Health emphasized in the play. Little Jack has received and answered thousands of these letters. In his answers, Little Jack urges the children, as a personal favor to him, to keep the rules. It is needless to call to your attention the fact that these four rules of Mouth Health are indelibly impressed on the minds of the children by this effective presentative and repetition.

The Committee on Oral Hygiene wishes to commend the members of the North Carolina Dental Society for the splendid service rendered by them in the Summer Round-Ups or pre-school clinics. These inspections of the children's teeth at this very important age from the standpoint of Mouth Health and the helpful suggestions given to the mothers about caring for the teeth of their children should exert a far-reaching influence in the field of Oral Hygiene.

An outstanding achievement for the year 1935-36 is the arranging for a course of Public Health Dentistry to be taught in the School of Public Health of the University of North Carolina. This is the first school of Public Health in the United States or abroad to train dentists.

We, the members of the committee, recommend that the work in Oral Hygiene be continued and expanded along the present lines of education and prevention.

Respectfully submitted,

ERNEST A. BRANCU, *Chairman*;  
ARTHUR WOOTEN,  
I. H. HOYLE,  
W. T. RALPH,  
C. A. GRAHAM.

*President Edwards:*

Gentlemen, you have heard the report, what is your pleasure?

*Dr. J. Martin Fleming:*

Mr. President, I think a report like that should not be passed over lightly. I move we receive the report and file it. I have known something of the work that Dr. Branch has done in the department, both myself and Dr. Johnson, of Goldsboro, and I want to heartily commend it.

Especially do I want to call attention to the school for the training of dentists in the public health work in North Carolina. It is the very first time that anything like that has ever been done in the United States

and it has been put across mainly, or wholly, I might say, through the efforts of Dr. Branch and the State Health Office.

Now, when it comes to this pre-school clinic, that is my hobby and I don't like to say so much about it. But I have attended some this year and have seen these examinations of the mouths of the children. You will find something in the last Journal of the American Dental Association relative to that work and it shows that while we have been pioneers in that, other states are taking it up and carrying it further than ever carried before. I hope that we will continue to uphold Dr. Branch's hands. (Applause.)

*Dr. Phin Horton:*

Pardon me, I am not a member of the House of Delegates; might I have the floor?

*President Edwards:*

Certainly.

*Dr. Horton:*

I happen to come in contact with some of this work and it has been a source of great gratification to me and the other dentists of my county. I am sure we are deriving a great benefit from this public school work.

It was up to us some time ago to attempt to get donations for such an appropriation, both from the county board and the town board, for the maintenance of our clinic up there, and we wrote to Dr. Branch and Dr. Branch came up and succeeded in a very marked way of making a very, very favorable impression upon the board of aldermen of our town. I don't know whether we would have gotten it over but for the fact that Dr. Branch came there. He presented the matter in a very capable manner.

We have tried to stress, both before the county board of commissioners and before the city board of aldermen, the fact that if the mouths of the children were kept in good condition it is really a matter of economy from the standpoint of repeaters in the school, and is a matter of economy rather than necessarily a monetary project, and they have been interested in that. We think probably we will be able to get a whole-time dentist in our schools; we are hoping for that, in fact we have been promised something to that effect.

Now, I can't conceive of anything that will tend to work more to the good of our citizens of North Carolina than the proper growth of the children, and this teaching in the school I think is one of the most commendable things I have heard of in quite awhile. I am glad that we are pioneers in that respect and these men who go down there and who go to work in the schools ought to be educated in presenting the necessity of oral hygiene and the good that will result from the observation of the rules. I believe that Dr. Branch is a pioneer in that line and I think

he and his committee are to be decidedly commended for their very active efforts in this line. (Applause.)

*Dr. J. N. Johnson:*

Mr. President. Of course I am in a position to say some things about Dr. Branch he couldn't very well say for himself, being a very modest gentleman.

We have taken the position in our dental program that is not so far been set up in any other state that I know of in the United States. Our program is not called a dental clinic, but is called a dental program, and it is called that for a purpose. We want to get away from the idea that we are running a clinic, but we do want people to know that we have an oral education program, just like the county health office runs a county health program. They don't practice medicine, that is one idea I want to get over. And we realize the better teachers we may have in our men the more success our program will have and the more it will go down to the credit of dentistry. For the simple reason that you must have an educated person that understands periodontia and laboratory work—I mean bacteriological work, they must know something about sanitation, and all those fields of child psychology. All of that comes in our course, and of course when our men come away from Chapel Hill with a twelve-weeks course of intensive training and they tell me they give a nine-months course there in two. That is what the boys, the gentlemen from the medical department, have told me that have recently graduated there under Dr. Rosenau. And he is one of the greatest public health men in the United States or in the world, for that matter. We were very fortunate in obtaining him.

I don't think Dr. Branch has an equal in the world when it comes to putting over the State program. When we took this work over just six years ago we were without any physical things to work with at all, no data, and we had been running a clinic. Now we are running an education health program. Then we have our puppet show and the puppet show has done a wonderful work. It has resulted in many of them writing perhaps their first letter and perhaps in receiving the first letter in his life, an event that he will remember; and that letter is about dentistry and his teeth, something that he is naturally interested in, they belong to him. And then, if he writes the letter, as most of them do, they always write us and it is probably the first letter he ever wrote in his life. First he starts down there in the first grade and he writes a letter to his teacher and then he writes a letter to Dr. Early or any other of your dentists and they write him letters. In our county Dr. Early gave a prize of five dollars for the best letter from these little children and I was astonished at how well they wrote. I had some three or four hundred of them to inspect and of course I took out all the best ones and they were all so good I thought I would like to give about a hundred prizes.

Well, I have said enough about what we are doing. The thing I want to bring out is that this school to my mind being one of the first of its kind that I know anything about, and I think that any other dentist knows anything about, and being approved as a public health school, why we have something to start with and that no other state in the Union has. And these men can come here from anywhere, that is, if they come through the State Health Office.

*Dr. Paul Fitzgerald:*

Mr. President, I wish myself to commend Dr. Branch for this splendid report he has given us tonight. I wish that every practitioner of dentistry would go into the school and see the work that Dr. Branch is supervising.

Over in my home county we have had, just as the members of the county boards of health have, a little trouble in securing our appropriations. Two years ago we thought probably that it would be a right good idea to get one or two of the commissioners and probably the mayor of our county seat, probably our auditor, and we did this and we took them out there. Those men of course cared absolutely nothing about this work. I mean, except the fact that they thought they would be getting a little something from the appropriation they were making. They went into these schools and saw the work being done for this type of children that it was being done for; they came back the most enthusiastic people that you have ever seen over this dental health program. As a matter of fact, our auditor there wrote an article for the paper advocating this. Now, he is the adviser of the county commissioners and in every county usually he is the adviser of the county commissioners on financial affairs. He thought it was well worth while. And I will say, gentlemen, that the most of us have not found out exactly what this work is. We advocate it because it's a principle, but I wish every man could go into the schools and see the work that is being done by these health dentists.

And again I say that I think we are due a vote of commendation and approval to Dr. Branch for the work that he is doing.

It was moved, seconded, and unanimously carried that the report of the Oral Hygiene Committee be accepted.

*Dr. Howle:*

Mr. President, I wish to make the report of the North Carolina State Board of Dental Examiners.

## REPORT OF THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

To His Excellency, J. C. B. EHRINGHAUS,  
Governor of North Carolina,  
Raleigh, North Carolina.

SIR:—In accordance with the provisions of the Dental Law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year A.D. 1935.

Four meetings were held during the year.

On January 14 and 15 a special meeting was held in Raleigh, N. C., for the purpose of conducting examination of applicants for license. Two applicants were permitted to take the examination, Dr. H. K. Crotts, of Winston-Salem, N. C., who was required to take only the clinical examination, and Dr. Clyde M. Whisnant, of Lawndale, N. C., who was required to take only the theoretical. The examination was held in the office of the Secretary.

Tabulation of the grades revealed that Dr. Whisnant had passed with a grade of eighty-four, whereupon license was issued him; that Dr. Crotts had failed.

On June 18 a called meeting was held at the Mayview Manor Hotel in Blowing Rock, N. C., for a consideration of the financial report and the transaction of other routine business.

On June 24, 25, 26, and 27 the Board held its fifty-fifth annual meeting for the purpose of examining applicants for license to practice dentistry in North Carolina. The theoretical examinations were held in the State Capitol Building, the clinic being held in the ballroom of the Carolina Hotel. It was found that the insertion of advertisements in the local papers provided abundant clinical material.

At the business meeting held on Wednesday, June 26, Dr. H. C. Carr, of Durham, was elected to succeed himself as President, Dr. E. B. Howle, of Raleigh, Secretary-Treasurer.

On July 6 a special meeting was held for the purpose of tabulating the grades of the June examination. This tabulation revealed that the following, having made grades of eighty or more, were declared competent, and were thereupon issued license to practice dentistry in this State:

Bradshaw, Thomas C.....	Burkeville, Va.	88 %
Bumgardner, John R.....	Fallston, N. C.	81 %
Bumgardner, Lewis F.....	Fallston, N. C.	80½%
Bushnell, William W.....	Jenkintown, Pa.	82½%
Clark, Inell C.....	Apex, N. C.	83½%
Crotts, Hylton K.....	Winston-Salem, N. C.	92 %
Fritz, John R.....	Hickory, N. C.	84 %
Garrett, Reid T.....	Atlanta, Ga.	80 %
Hedrick, Paul E.....	Lenoir, N. C.	80 %
Johnson, Charles B.....	Wilmington, N. C.	80½%
McGuire, L. Courtney.....	Richmond, Va.	85 %
Moore, Carl N.....	Wilmington, N. C.	82½%
Reich, Edgar H.....	Lexington, N. C.	83 %
Williamson, Vency M.....	Knoxville, Tenn.	81½%

The following failed:

Baynes, Philip S.....	Wrightsville, Ga.
Hollister, Alton H.....	Rochester, N. Y.
Parham, Charles B.....	Trenton, Tenn.

Turner, Ludlow R.....	Pink Hill, N. C.
Woodall, DeWitt C.....	Benson, N. C.
Yelton, Lelond J.....	Erwin, Tenn.

At the annual meeting of the North Carolina Dental Society, which was held at Blowing Rock, N. C., June 17-19, Dr. H. C. Carr, of Durham, and Dr. C. E. Minges, of Rocky Mount, were elected to succeed themselves as members of the Board.

Mr. William Riley Norris, of Fayetteville, N. C., was arrested on January 10, 1935, on a warrant issued during July, 1934, and was tried on January 21, 1935, before a justice of the peace on two separate charges; one, of practicing dentistry without a license, the other, of obtaining money under false pretenses. Upon trial he was bound over to Superior Court, bond being fixed at nine hundred (\$900.00) dollars. When the case was called it was found that Norris had left the State and that the records of the case, including the bonds posted, had disappeared from the files of the clerk of the court. Effort is being made to apprehend Mr. Norris in South Carolina, where he is reported to be residing.

Dr. J. E. Owen, of Asheville, whose license to practice dentistry in North Carolina was revoked by the North Carolina State Board of Dental Examiners in a second case in which Dr. Owen was found guilty of employing unlicensed persons to practice in his office, appealed to the Superior Court of Buncombe County. After every effort to secure the return to the State of Mr. and Mrs. Harold Foister, the principal witnesses for the prosecution, had failed, and after Mr. and Mrs. Foister refused to sign depositions, following a visit by Dr. Owen and his attorney, Mr. Gorson, although they had formally agreed to so do, a nonsuit was taken in the case at the July term of the above mentioned court.

Mr. T. W. Edgeworth, of Asheville, charged with practicing dentistry without a license, on trial before a justice of the peace in the county of Buncombe, was found guilty in six cases and was sentenced to thirty days in jail on the first and fined fifty (\$50.00) dollars and costs in each of the remaining five cases. These fines were suspended for five years upon payment of the costs, amounting to fifty-four (\$54.00) dollars, provided, the defendant remain law abiding.

Mrs. J. C. Dozier, of Asheville, charged in three separate cases with practicing dentistry without a license, was tried at the August term of the Superior Court of Buncombe County, found guilty, and sentenced to nine months in the Buncombe County jail, prayer for judgment being suspended for a period of five years in the remaining two cases upon payment of costs, provided, she remains law abiding.

On March 22, 1935, Drs. J. E. Owen, of Asheville, M. D. King, of Durham, and F. A. Henley, of Charlotte, brought an injunction seeking to restrain the Board from carrying out the provisions of the Dental Law of North Carolina, ratified March 6, 1935.

This case was settled by agreement, the complainants agreeing not to advertise in any manner whatsoever except to the extent of inserting in newspapers or other periodicals, a professional card of a size not to exceed 3x4 inches.

Mr. A. Brooks and Mr. L. E. Davis, both of Asheville, have been charged with practicing dentistry without a license.

These cases have been postponed several times and are still pending.

A warrant was issue for Dr. W. O. McGill, charging him with refusal to obtain a renewal license and with practicing without a license. The charges were withdrawn upon receipt of application for new license, said application being accompanied by the usual fee of twenty (\$20.00) dollars.

Numerous reports of minor infractions of the anti-advertising section of the law have been reported, but have been readily adjusted by timely warning.

The efficiency of the Board in conduct of its clinical examination has been greatly enhanced by the purchase of ten S. S. White portable dental chairs at a cost of seven hundred sixty (\$760.00) dollars.

Attached hereto is the financial statement as compiled from the records of the Secretary by R. C. Carter & Company, Certified Public Accountants.

Respectfully submitted,

E. B. HOWLE,  
*Secretary-Treasurer.*

**Personnel of Board:**

H. C. CARR, *President*,  
E. B. HOWLE, *Secretary-Treasurer*,  
W. F. BELL,  
R. F. JARRETT,  
C. E. MINGES,  
C. C. POINDEXTER.

DR. E. B. HOWLE, *Secretary-Treasurer*,  
North Carolina State Board of Dental Examiners,  
Raleigh, North Carolina.

DEAR SIR:—We have made an audit of the cash receipts and disbursements of the North Carolina State Board of Dental Examiners, Raleigh, North Carolina, from January 1, 1935, to December 31, 1935, and submit herewith our report.

We traced all recorded cash receipts into bank deposit, and found all cash disbursements supported by invoices and properly signed and canceled bank checks.

We found the books accurately and neatly kept.

Respectfully submitted,

R. C. CARTER & Co.,  
*Certified Public Accountants.*

January 8, 1936.

**NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS,  
RALEIGH, NORTH CAROLINA**

CASH RECEIPTS AND DISBURSEMENTS, JANUARY 1, 1935, TO DECEMBER 31, 1935  
Balance January 1, 1935:

Commercial National Bank (closed).....	\$ 201.40	
Wachovia Bank and Trust Company.....	287.46	
		\$ 488.86

**Receipts:**

Licenses .....	626 @ \$ 1.00.....	\$ 626.00
Licenses .....	699 @ 2.00.....	1,398.00
Examination Fees...	21 @ 20.00.....	420.00
Penalties .....	14 @ 5.00.....	70.00
Reinstatements .....	4 @ 10.00.....	40.00
Dental Lists .....	3 @ 5.00.....	15.00
Duplicate License....	1 @ 2.00.....	2.00
		<hr/> 2,571.00

Total Receipts .....	\$3,059.86
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Disbursements :

Per Diem and Expenses :

Bell, Dr. Wm. F.....	\$ 71.97
Carr, Dr. Henry C.....	15.81
Howle, Dr. E. B.....	5.00
Jarrett, Dr. R. F.....	44.99
Minges, Dr. C. E.....	54.51
Poindexter, Dr. C. C.....	28.77
	<hr/>
	\$ 221.05
Salary, Secretary and Assistant.....	200.00
Luncheons .....	59.90
Teeth and Models.....	64.00
National Association Dental Examiners Dues.....	25.00
Advertising Notices of Board Meetings.....	13.36
Stationery, Printing, etc.....	266.24
Audit .....	25.00
Postage .....	142.02
Telephone and Telegraph.....	134.35
Notes Payable (Thompson Dental Company).....	771.65
Refund of Examination Fees (Dr. P. L. Brandt).....	20.00
Legal Services and Expenses :	
State vs. Norris.....	\$ 71.95
Dental Board vs. Owens.....	147.87
State vs. Dozier.....	11.00
Eugene Lovelace Case.....	23.50
State vs. Davis.....	14.00
State vs. McGill.....	8.00
State vs. Brooks.....	10.00
	<hr/>
	286.32

Examination Expenses :

Porter Service.....	\$ 10.00
Helper During Examinations.....	5.00
Laundry Service.....	3.02
Storage and Transfer of Furniture.....	28.00
	<hr/>
	46.02
Electrical Supplies.....	30.88
Commissions (Drs. Carr and Minges).....	5.00
Insurance .....	10.00
Repairs to Typewriter.....	7.16
Office Supplies.....	.25
Bank Service Charge.....	14.34
Tax on Checks.....	.04
	<hr/>
Total Disbursements.....	\$2,342.58

Balances :

Commercial National Bank (closed).....	\$ 292.94
Less: Dividends Paid.....	91.54
	<hr/>
	\$ 201.40
Wachovia Bank and Trust Company.....	515.88
	<hr/>
	717.28
Total .....	<hr/>
	\$3,059.86

## RECONCILIATION OF BANK ACCOUNT, DECEMBER 31, 1935

Balance Per Bank Statement.....	\$ 702.53	
Less: Outstanding Checks:		
Check No. 254.....	\$ 171.65	
Check No. 255.....	15.00	
		<hr/>
		186.65
Balance .....	\$ 515.88	

*Dr. Fred Hale:*

I move that Dr. Howle's report be received with the thanks of the North Carolina Dental Society for the splendid service this Board is rendering both the public and the profession. The motion was duly seconded and unanimously passed.

*Dr. J. Martin Fleming:*

Mr. President, I have the report of the Ethics Committee, which reads as follows:

## REPORT OF ETHICS COMMITTEE

The standard that governs the practice of dentistry in this State, or in any state, is only as high as the standard set by the Code of Ethics or moral code of that state.

Any lowering of that moral standard is reflected in the lowering of all standards, even in remote sections of that state, both by members and non-members of its State Society. Just as Dr. Howle showed last night the enforcement of the dental law, although maintained by organized dentistry, is the salvation of all, so the maintenance of the Code of Ethics helps all.

Looking to a stricter enforcement of that code, changes were made in the By-Laws governing the enforcement of the Code of Ethics at Blowing Rock last year, which made it mandatory on the chairman of the Ethics Committee to see to it that there was a stricter enforcement of our Code. God knows it is a thankless task to sit in judgment on the case of a fellow practitioner—ask any member of the Ethics Committee. However that may be, they have not shirked their responsibility.

Probably the most glaring form that violations have taken this year have come under the class of free newspaper publicity. It seems the hardest to resist. Several such cases have been uncovered, but only one was reported in time to give the legal ten-day notice of a hearing as required by the By-Laws.

A last-minute critical illness of a son of this man prevented his appearing and so his case is held in abeyance for a year.

One other case was that against Dr. Grady Ross, of Charlotte. It came to our notice too late to give the required ten-day-in-advance notice, but Dr. Ross waived that right and said he would prefer having it heard now rather than have it hang over him for a year. And so the case was heard before the full committee on yesterday and, after the most careful consideration, of all angles of the case, we find him guilty and fix his penalty at suspension for one year.

The By-Law governing the penalty fixes only two alternatives—Expulsion or Suspension. There were circumstances which made the committee decide on the lesser punishment, and we feel that that meets the requirements of the case.

We also recommend that this suspension shall not affect his consecutive twenty-five year payment of dues, if he cares to pay dues for his suspended year.

Respectfully submitted,

HENRY V. MURRAY,  
WALTER E. CLARK,  
JOHN A. McCLUNG,  
H. L. KEITH,  
J. MARTIN FLEMING.

After much discussion, the report of the Ethics Committee was accepted, the Ethics Committee agreeing to an amendment to the effect that Dr. Grady Ross "be suspended for one year on good behavior, and that this sentence be suspended."

The above amendment was on motion, duly seconded, and unanimously carried.

The House of Delegates then adjourned at 12:30 o'clock a.m., Wednesday, May 13, 1936.

### THIRD DAY—WEDNESDAY, MAY 13, 1936

#### GENERAL SESSION

The meeting was called to order at 9:00 o'clock a.m., by Dr. Z. L. Edwards, President.

#### *President Edwards:*

The meeting will please come to order. The first on our program this morning is the "Report of the Activities of the Committee on Dental Economics of the American Dental Association," by Dr. James A. Sinclair, of Asheville.

#### *Dr. James A. Sinclair:*

Mr. President and Members: The Ethics Committee of the American Dental Society is a recently formed committee and I will outline the duties of this committee. It is divided into the different sections of the United States, that is, the different districts. I happen to represent the Fifth District, which is composed of Virginia, North and South Carolina, Florida, Georgia, Alabama, Mississippi, and Louisiana. In each one of these states a deputy is appointed to represent the committee in his respective state. In our State Dr. Hunt has been doing this duty for perhaps two years now, representing the State of North Carolina.

It is the purpose of this committee to get together all the information that they can regarding the activities of the dental profession within the State. And if I may read just a letter that I directed to each one of the deputies in the Fifth District you might get an inkling as to the duties and what we have in mind as the aim of this committee.

"Each member of the committee shall represent the American Dental Association in all economic activities in his district, and shall keep the chairman

and secretary of the committee fully informed of these activities. He shall coöperate with the American Dental Association officers and all groups and individuals in his district as may help members of the American Dental Association to better economic security.

"In elaborating on these duties you can state that the State Economic Committees should study and have on hand at all times complete information regarding the economic conditions in their states. They should survey, tabulate, and report on all dental schemes, plans, and procedures operated within their confines and which are supposed to benefit the public or the profession. This survey should include all types of clinics, or dispensaries such as those in schools, hospitals, industries, or institutions, whether they be free or part pay. They should be fully informed on all plans such as those operated in Washington, D. C., St. Louis, and elsewhere. These surveys should be made and this information collected with the thought in mind that eventually a feasible, practical plan, operated and controlled by organized dentistry, might be developed that will make dental service available to all who desire it. This study should include surveys of all dental financing plans, collection agencies, schemes and other procedure designed to aid the dentist. The Economic Committees should collect and file factual evidence of economic conditions in their State, analyze and know how these conditions affect the practice of dentistry. They should collect all the data and be informed on all propaganda designed to encourage the enactment of compulsory health insurance and state medicine laws. The State Economic Committee should assist the state legislative committee, if necessary, in any legislative matters which the latter committee attempts to have enacted. In short, the Economic Committee, as I see it, should be a fact-finding committee. There is no end to the valuable economic information which an active, interested committee can collect and tabulate. This information should be made available to the members of the State Society and the National Economic Committee of the A. D. A.

"At the present time the goal of the National Economic Committee, and, of course, of the State Economic Committees, is to defeat compulsory health insurance and state medicine. In the final analysis it will be the Legislative Committee that will fight these issues, but the Economic Committee must furnish the ammunition."

In this the Fifth District we have in operation no such plan. The Washington Plan is being worked out in Richmond, Virginia. I understand, however, that it's only by the medical profession, that the dental profession is not in on this scheme so far. In Atlanta, Georgia, Dr. J. G. Williams is attempting to organize this Washington Plan, and Dr. Williams, who represents the National Committee in the State of Georgia, is taking an active interest in organizing this Washington Plan.

I happened to be in Atlanta at a meeting of the proposed organization of the beginning of this committee in Atlanta in March, and Dr. Lobe from St. Louis was there and explained the thing. It is already in operation in St. Louis and Dr. Lobe is well informed about the proceedings of it, and he explained every detail of the plan.

It is my opinion, from what I know of these plans, such as the Washington Plan, that in a large place where you have a tremendous amount of business it will be self-supporting only, and I am satisfied that unless the dental association comes in with their side of it that the Richmond Plan will be a failure, because it takes lots of money to run this organization. I may explain to you just a little as to how it operates.

It is really a collecting agency and they take out ten per cent of these bills to pay their overhead. Now, in Washington City their business has increased so that their ten per cent that they take out to take care of overhead has grown so that in the case of a patient falling down on their contract to pay

the dentist or physician, he gets his money anyway, because that ten per cent will take care, besides the overhead, of any of those that fail to carry out the contract and the dentist or physician gets a check for it anyway.

So it takes a large place. I don't think there would be a place in North Carolina that could operate it and I don't think we need any here, and so I reported in Chicago. I told them that the economic situation in the State of North Carolina and perhaps all of the Fifth District was such that we didn't need any plan or any scheme, that if we were just left alone we would work out our own salvation, that we didn't need any new experiments. I think we were correct in that. This survey and this information is collected with the thought in mind that eventually a feasible practical plan operated and controlled by organized dentistry might be developed and this information will be available to all that desire it. In other words, we at the present time are accumulating information, and we have to get the information from all over the United States and its possessions before we can actually work out a scheme that is feasible, and then we work back through and give it to the states and give it finally even to the subdivisions, this information upon which they have something to go upon. They can work it out to suit their particular community, whatever it might be.

Now, at the suggestion—and this has been done upon the suggestion of Dr. Hunt, and I think it was a wonderful suggestion, too—that your states, through their different districts, through your state organization, or your state economics committee, that they have in each district a representative of it; it would be a dual committee, as it were, representing the State of North Carolina on the one hand and the American Dental Association on the other. In that way the American Dental Association, the Economics Committee, will be in touch with even the most remote sections of any place in the United States, even the mountain county, we will say.

I propose to include that in my report to the National Committee, and I am satisfied a recommendation like that would go over. As to where we can get information that we want, the deputy makes his report to the representative of the whole district and then that is conveyed back to the National Committee.

Now, in reporting back to the Economics Committee, it is going to be my pleasure and I am going to be one of the proudest men that I have ever been in my life when I can take back to this Economics Committee in my report the activities of your Health Board, your Dental Health Board in the State of North Carolina. I am satisfied that we have been pioneers, that we have a set-up that should be copied by every state in the Union. I will be awfully proud to report the system by which these dentists are educated in this new school in the University of North Carolina, the process and just how it is worked and the work of Dr. Johnson and Dr. Branch.

I assure you that I am going to stress in this report how North Carolina has done this work and how it has pioneered in this work, and it will go to every state in the Union through this report.

If there is any information or anything that any of the members are not perfectly satisfied with, I will do my best to try to answer any questions, if I am able to. However, I haven't been connected, except to attend one meeting in Chicago of this committee, but I know the set-up pretty well and have observed just exactly what they are doing. One interesting thing, of course, which North Carolina has taken advantage of is the eight million dollars that has been appropriated to the education of these dentists. The Federal Government will pay the expenses and the salary of these dentists to go off to take a course in this work.

Now, as I see it, North Carolina has stepped in there and has gone way ahead of the Government in this line of work, because they have furnished

or are furnishing a course which surpasses anything in mind that this National Economics Committee has in mind. I think that that will be a wonderful thing to present to those boys. I think that every dentist in North Carolina should take off their hats to Dr. Branch and Dr. Johnson—not only in North Carolina but all over the United States. And I am going to tell them, for I don't think it can be surpassed anywhere in the United States. We should be very proud of them and I think they will go down in history as the two outstanding men in health work in the dental profession. I thank you, Mr. President. (Applause.)

*President Edwards:*

The next subject on our program is "Surgery as an Aid to Prosthesis," illustrated with lantern slides, by Dr. Guy R. Harrison, D.D.S., Richmond, Virginia. (Applause.)

EDITOR'S NOTE: Dr. Guy R. Harrison, of Richmond, Va., gave an illustrated lecture on "Surgery as an Aid to Prosthesis." In view of the fact that his lecture was based entirely on lantern slides, it would be meaningless printed without the illustrations. This is impossible. Dr. Harrison, who is oral surgeon to Stuart Circle Hospital, McGuire Clinic, St. Luke's Hospital and Retreat for the Sick Hospital, has a background of experience, coupled with his natural ability as a lecturer, which eminently qualify him as one of the foremost essayists and clinicians in the field of oral surgery. His contribution was valuable and interesting, and it is with regret that we cannot print all of his slides and the comments pertinent thereto. A brief synopsis is given: "The objects of surgery are to arrest disease and to correct deformity or perverted functions. By careful planning, and a reasonably skillful execution of operations about the jaws, the surgeon can be of great help to the dentist in making possible the construction of satisfactory restorations. The surgeon doing surgery about the mouth and face should have an intimate knowledge of the contributions the dentist can make to the successful outcome of his cases and also a realization of the limitations of dental prosthetic restorations. The dentist should be familiar with what surgery offers in making possible the construction of more satisfactory restorations. A discussion of these surgical and dental problems will be presented."

*Dr. Robert Horton:*

Mr. President, Ladies and Gentlemen: If there is no objection, the Committee on the President's Address would like to make its report.

Those of you who know the committee members know we are not given to flattery and we sincerely hope that you will believe us when we state that this is not a stereotyped report.

Our President's comprehensive understanding of national and local conditions and his sane recommendations to avoid sinister trends and at the same time to aggressively progress, makes it your committee's pleasure to report it one of the ablest President's addresses the committee has had the pleasure of hearing; and we feel safe in assuring you that so long as you select such men as your leaders we can have nothing to fear.

Your committee wishes to recommend the President's Address in its entirety. S. Robert Horton, Dennis Keel, John McClung, Committee on President's Address. (Much applause.)

It was moved, seconded, and unanimously carried that the report of the committee be accepted.

*President Edwards:*

I wish to say to Dr. Harrison that I am sure that we all are very grateful for your very instructive and splendid presentation.

At this time I am going to recognize Dr. J. N. Johnson, who will introduce the next speaker. Dr. Johnson.

*Dr. J. N. Johnson:*

Mr. President and Gentlemen of the North Carolina Dental Society: I am going to introduce a man this morning that is probably better known in the nation than I am in the North Carolina Dental Society in his particular line. He really leads the country.

The gentleman is director of our State Laboratory of Hygiene, an institution used more by the medical profession probably than any other department of the State Board of Health, and it should be used equally as much by the dental profession.

Dr. Hamilton, the man that I am introducing to you this morning, is an outstanding bacteriologist, he has been an outstanding health officer, and it is largely to his wise judgment and advice that the dental profession has reached its present position of usefulness in preventive dentistry in North Carolina.

It gives me a great deal of pleasure to introduce to you this morning, Dr. John H. Hamilton, Director of the State Hygiene, of the State Board of Health. (Much applause.)

*Dr. John H. Hamilton:*

Mr. President and Gentlemen of the North Carolina Dental Society:

### SYPHILIS—A PUBLIC HEALTH PROBLEM

By JOHN H. HAMILTON, M.D., Director,  
State Laboratory of Hygiene

To critical students and statisticians syphilis has been recognized as a major public health problem for many years. Unfortunately, there has been what is equivalent to a conspiracy of silence in dealing with this disease. Those who knew the magnitude of its dangers to organized society were reluctant to speak out and tell of its menace. This reticence was due in part to the fact that syphilis in the mind of the public was associated with social indiscretion or wrongdoing and in part to the belief of many authorities that nothing could be done to control it. This attitude of silence, hopelessness, and helplessness is now changing. Approximately one-half of the cases of syphilis existing today are not associated in any way with wrongdoing. There has been demonstrated conclusively in whole nations that the presence of syphilis can be reduced. We are now preparing to meet the challenge, for we realize that the conquest of syphilis is the next great objective in public health.

Reliable information indicates that syphilis is the most regularly prevalent of our communicable diseases, yielding first place only to measles and whooping cough in years when these latter diseases are epidemic. Morbidity

reports are admittedly incomplete for every disease. Better reports are recorded for other diseases than for syphilis. Just what proportion of our actual number is reported is difficult to determine. The experience of 46 states in 1934 is shown in Figure 1. More than twice as many cases were actually under treatment as were reported as having the disease. Many were infected that were not being treated. The prevalence of important reportable diseases based on the records of the North Carolina State Board of Health for 1935 is shown in Figure 2. It was not until 1919 that syphilis was made a reportable disease in North Carolina. Our experience since then is shown in Figure 3. One cannot look at it without feeling that syphilis is increasing in our State. There are numerous other sources of information to confirm this impression. In 1930 a survey was conducted in Pitt County; a total of 10,000 specimens of blood were taken from an unselected group of Negroes. These were subjected to the Wassermann test—11 per cent of the group were found to have syphilis. In the fall of 1932 a State-wide survey was conducted. Specimens were taken from approximately 3,500 patients who were visiting the offices of 533 physicians practicing in North Carolina. Twelve per cent of the specimens taken from white persons gave a positive Wassermann reaction and 30 per cent of the specimens from Negro patients were positive. In the summer of 1933 a survey was conducted among the Cherokee Indians of Western North Carolina; 4.6 per cent had positive Wassermann reaction.

The age distribution of reported cases in North Carolina in 1935 is shown in Figure 4. Practically all of the 43 under 5 years of age and most of the 113 under 15 years are congenital and certainly innocent victims of this scourge. For the age group 15 to 24 there were 2,330 cases reported—almost one-half of the total. Add to this the 1,668 that were 25 to 34 and you have four-fifths of the total syphilis in the group 15 to 34. These groups, with their youthful enthusiasm, their vigor and their unimpaired vitality constitute the pathos as well as the problem of syphilis. Racially, the disease is more prevalent in the Negro. This has been demonstrated in all surveys that have been conducted. The best information obtainable leads to the opinion that the percentage of syphilis among the Negroes of North Carolina is about twice that among the white population. That is, approximately 12 per cent of the Negroes and about 6 per cent of the white people are infected. In 1930 the white population was 2,234,000. If 6 per cent were infected we would have approximately 134,000 white people in North Carolina with syphilis. In the same year the Negro population was 918,000. We could, therefore, add 110,000 cases of syphilis and have a total number conservatively estimated of 244,000 syphilitic patients in North Carolina.

The cost of syphilis may be determined from several points of view. The economic loss due to physical impairment and untimely death would be an astoundingly large sum even in these days of multiple figures. The cost of adequate treatment would be a considerably smaller amount, yet Parrans' estimate for the effective treatment of syphilis for one year in New York State alone is \$16,000,000. No estimate is available for North Carolina, but we do know that it cost us \$75,000 a year just to feed those syphilitics in our major State institutions. We can comprehend \$75,000, but we must admit that the food eaten by patients with syphilis in our State institutions is but a small fraction of the cost of the disease in North Carolina.

The infectious agent of syphilis has been recognized and studied since 1905. It occurs in the lesions of the disease and is spread principally by the exudates from these lesions. It also occurs in the blood as has been tragically demonstrated when syphilitic donors have been used for blood transfusions. The spirachete palada will live for only a short period of time outside of the body of its host. It is readily susceptible to light, drying, and disinfectants. It

will not grow in foods or water; consequently, the chief mode of transfer is by direct contact with a person who has superficial lesions. Indirect contact with objects freshly soiled with exudate from an open lesion may also cause infection. Syphilis has been contracted from common drinking cups, surgical instruments, clothing, and other examples of indirect contact.

Syphilis is an occupational hazard to all persons rendering personal service. To all practicing a healing art the danger is great. Numerous physicians and dentists have had chancres on their fingers and have, thereby, a plausible explanation of their infection. Accidental infection occurs much oftener than skeptical clinicians will admit.

Since the surface lesions of syphilis exist ordinarily only during the first two or three years of the disease, the chief reservoirs of infectious material are the patients with early syphilis. Late syphilis is not a menace to public health. It is important to the individual who has it, and it does contribute to our economic burden, but it does not serve as a reservoir of infection. This fact must be kept in mind when we consider control measures. Early syphilis—that is, the disease during its first two years of existence in the new host—is the principal source of new infections. Fortunately, early syphilis generally manifests itself to the trained observer by some sign, symptom, or history to an extent which is suggestive if not diagnostic.

(Lantern Slides)

It is difficult to secure satisfactory pictures of the mucous patch. When syphilis is suspected, there are laboratory aids to diagnosis. The laboratory procedure which is least subject to error and which is most helpful in the diagnosis of primary syphilis is the dark-field examination of serum from suspected chancres. Until recently this procedure was available only to those practicing in a large medical center. Now we have a specimen container which makes it possible for every practitioner in the State to have dark-field examinations made at the State Laboratory of Hygiene. A satisfactory specimen should not contain blood, but only serum. Care in collecting the specimen is essential if dependable results are to be expected.

If proper treatment is started in the primary stage of syphilis, two worth while objectives are accomplished. The disease is much more amenable to treatment during this stage and will not become a generalized infection when effective treatment is given. The patient benefits both from the standpoint of protection as well as for decreased cost of treatment. The second and perhaps the greatest advantage of treatment in the primary stage is the fact that the period of infectiousness is shortened. A reservoir of infection cannot do as much damage in two weeks as it can in two years.

You will probably see many more patients in the secondary stage of the disease than you will in the primary stage. As laboratory aids in diagnosis after the primary stage has passed, serological procedures are generally used. The State Laboratory of Hygiene makes available to you the Wassermann test, with which you are familiar, and the Meinicke clarification reaction number II, a precipitant test comparable to the Kahn.

(Figure 5)

We have performed the Meinicke test on some 50,000 specimens that were also tested by our Wassermann reaction. The agreement is approximately 95 per cent. The Meinicke is somewhat more sensitive than our Wassermann. Not infrequently it is positive on a patient with clinical syphilis when the Wassermann is negative. Since all serological tests for syphilis occasionally

give false positives in patients who presumably do not have syphilis, it is impossible at the present moment to evaluate definitely the significance of a positive Meinicke when the Wassermann is negative.

We have been endeavoring to evaluate our serological procedures for syphilis by securing from clinicians some information about patients on whom our tests are in disagreement. We have sent out approximately 700 inquiry forms, 455 of which have been returned to us. Eighty-one of these had a positive Wassermann and a negative Meinicke; 374 had a negative Wassermann and a positive Meinicke. The information may be classified as follows:

Insufficient information:	Wassermann plus, Meinicke neg.	5
	Wassermann neg., Meinicke plus	53
Doubtful as to syphilis:	Wassermann plus, Meinicke neg.	10
	Wassermann neg., Meinicke plus	68
Opinion not syphilis:	Wassermann plus, Meinicke neg.	29
	Wassermann neg., Meinicke plus	62
Diagnosis syphilis:	Wassermann plus, Meinicke neg.	37
	Wassermann neg., Meinicke plus	191

We are continuing our efforts to evaluate our procedures. Any assistance given us will be appreciated. The only conclusion we feel justified in making at the present moment is that two tests are better than one, and that positive reports by either method place a considerable burden of proof on the clinician who states that the patient does not have syphilis.

In the recent study of serodiagnostic tests for syphilis, the summary of which was published in the June 8th number of the *Journal of the American Medical Association*, and in which the tests were performed in the laboratory of their originator, 40 per cent to 76 per cent of the specimens from patients with leprosy were presumably falsely positive. The Kolmer Wassermann, perhaps the best known of these tests, was presumably falsely positive in 2 per cent of the patients with tuberculosis; 1.6 per cent in patients with malignant neoplastic diseases; 2.2 per cent in patients with fever, either natural or induced, and 19.4 per cent in patients with malaria. Since we have a considerable amount of malaria in North Carolina, I feel a very grave concern for the reliability of our serodiagnostic procedures for syphilis. I would hate to think that we are responsible for the unnecessary anti-syphilitic treatment of 20 per cent of the patients who have malaria and whose blood is sent to us for examination. Many of our clinicians depend upon the laboratory without realizing its limitations.

We are now participating in the second study of serodiagnostic procedures for syphilis which is being conducted by the United States Public Health Service. Both our Meinicke and our Wassermann are included in this study. When the results are available we will have a clearer concept of the reliability of these tests.

The State Laboratory of Hygiene is practically overwhelmed with demands for service. There have been no compensating increases in personnel or equipment for the increased volume of work. It therefore has been necessary for us to restrict the amount of serological service performed for any one county in any single week. We must render service equitably to each of the 100 counties in the State. We regret that it has been necessary for us to discourage surveys. We have practically outgrown our present plant. It will be difficult to increase our personnel or equipment or to adopt new procedures until additional space is provided. The General Assembly of 1935 showed a sympathetic understanding of our problem and appropriated money for building repair, for the purchase of additional equipment, and a slight increase in our personnel. They also enacted legislation which enabled us, with the approval of the State Planning Board, the Budget Bureau, and the Governor

and Counsel of State, to apply for a Public Works Administration loan and grant for a new laboratory plant. Our prospects looked encouraging until presidential decision limited the funds available to PWA. It now appears that our hopes for a new laboratory depend either upon a new appropriation by Congress or upon additional legislation by the North Carolina General Assembly.

Syphilis can be controlled. This has been demonstrated conclusively in the Scandinavian countries. The essentials in their control program are summarized by Dr. Reitz in the April, 1936, number of the Journal of the American Public Health Association:

"Two points form the basis for the Swedish legislation against venereal diseases:

"First—The search for and detection of the source of infection as in other contagious diseases.

"Second—Though personal liberty is safeguarded in Sweden at least as carefully as in America, the law imposes a very definite restriction of freedom upon persons afflicted with venereal disease, compelling them to accept an amount of medical treatment, not according to their own choice, but according to the decision of responsible physicians. Upon individuals, under such control and to whom complete medical facilities for treatment are available at no cost, the nation further imposes the responsibility not to propagate the disease. For willful neglect of this responsibility, punishment up to the severity of forced labor can be imposed."

The only control program in the United States for which claims of success can be made is that conducted in the State of Massachusetts. The outstanding features of this program are the free distribution of anti-syphilitic drugs, the establishment of free clinics, and the epidemiological study of sources of infection. The following quotation from an editorial in the April 18, 1936, number of the Journal of the American Medical Association states some of the fundamentals of a control program:

"One of the principal obstacles to the conquest of syphilis has been public squeamishness about facing the problem and the unfortunate classification of syphilis as a venereal disease. It is, of course, a venereal disease only in part. It is principally a communicable disease in the broadest sense. As such it must be handled as other communicable diseases are controlled, and discussed with equal frankness. Magazines, newspapers, and the radio have been reluctant even to use the word 'syphilis.' This is a reflection of a popular state of mind which must be altered by educational efforts. There are signs even now of a more liberal attitude. Newspapers are beginning to use the word in headlines; at least a dozen local radio stations of major importance have featured medical broadcasts on the subject; numerous smaller radio stations, especially in New York, have broadcast transcriptions dealing with syphilis, furnished by the health department of the State of New York. When we have placed syphilis in the light we shall have taken the first step toward its conquest.

"The history of medical progress shows instance after instance in which the combined forces of medicine and public health have conquered disease as far as public coöperation could be procured. Diphtheria persists only by virtue of incomplete application of preventive measures which have been stressed by physicians and public health workers; smallpox can be extirpated at any time when vaccination becomes universal; typhoid is conquerable by a combination of sanitary engineering and applied immunology whenever these measures are adequately invoked. A greater menace than all of these is

syphilis, yet our knowledge is ample for its successful control. With the combined efforts of physicians, public health officials, educators, and the public, syphilis can be conquered next."

The conquest of syphilis will not be easy. It will take essentially the same amount of intelligence, determination, effort, time, and money that have been devoted to the fight on tuberculosis. We have made progress with tuberculosis. North Carolina has not avoided a problem because it was difficult. We can be assured that the problem of syphilis in this State will be faced with frankness and determination. (Very much applause.)

*President Edwards:*

On behalf of the North Carolina Dental Society, Dr. Hamilton, I wish to thank you for your splendid presentation.

Is there anything further to come before the General Session? If not, I declare the General Session adjourned and the House of Delegates convened.

Any of the gentlemen not members of the House of Delegates, I will be glad for you to keep your seats and listen in.

Unless there are objections, I declare a quorum present. Are there any committees that wish to report?

*Dr. Paul E. Jones:*

Mr. President, I would like to report in behalf of the Executive Committee. Your Executive Committee begs leave to submit the following report:

#### REPORT OF THE EXECUTIVE COMMITTEE

The first meeting of the Executive Committee was held June 19, 1935, at Blowing Rock, N. C. At this meeting your committee, realizing the high degree of efficiency with which the office of Editor had been conducted in the past, unanimously reelected Dr. G. Fred Hale to succeed himself.

The date of the next meeting was taken up and discussed at length, and it was unanimously decided to meet at the Carolina Hotel, Pinehurst, on May 11, 12, and 13, 1936.

A joint meeting of the Executive and Program Committees was held at the Washington Duke Hotel, Durham, November 18, 1935, for the purpose of considering subjects and clinicians for our 1936 meeting. After much discussion, it was moved and carried that the following men be invited to appear on the program of 1936 meeting: Dr. George B. Winter, Dr. C. J. Caraballo on Socio-Economics and as a trustee of the A. D. A., Dr. Guy R. Harrison on Oral Surgery, Dr. Norman B. Nesbitt on Partial Dentures; Dr. LeRoy Ennis on X-ray Technique and Interpretation; and the Extension Division of the State College to present a project exhibit showing the Effects of Diet on the Teeth and General Health.

The chairman and vice-chairman of the Program Committee were appointed to correspond with the clinicians selected and report at the next meeting.

The third meeting of the Executive Committee was held jointly with the Program Committee on January 11, 1936, at the Washington Duke Hotel, Durham. The purpose of this meeting was for final consideration of clinicians for the program of the 1936 meeting.

It was decided that a representative from the State Board of Health be invited to appear on the program, and Dr. F. O. Alford was instructed to extend an invitation to Dr. John N. Hamilton.

It was decided that a breakfast for the past presidents of the North Carolina Dental Society be arranged on Tuesday morning of the meeting, and that Dr. Z. L. Edwards was designated to act as toastmaster, and Dr. Jones to notify all past presidents of this new feature of our annual meeting.

The Secretary-Treasurer was instructed to select the visiting clinicians from the Virginia Dental Association and to extend to them an invitation to appear on the program. He was also appointed to select table clinics from the State for the program.

The participation of the North Carolina Dental Society at the Five-State Post-Graduate Clinic was discussed but no action was taken.

According to Constitution requirement, your Committee has requested a report of condition of District Society through the District Secretary. We secured full coöperation from three of the District Secretary-Treasurers, and found the Third, Fourth, and Fifth Districts to be in a healthy and satisfactory condition. Your committee was not able to get a reply from the Secretary of the First District nor the Secretary of the Second District in time to include in this report.

The Executive Committee wishes to go on record as unanimously endorsing the activities of the Ethics Committee and to commend them for so zealously safeguarding the ethics of our profession in such a sincere and constructive manner during the past year.

The Executive Committee desires to express its appreciation to the officers and committees for their zeal and coöperation during the past year. Especially would we thank our President, Dr. Z. L. Edwards, who at all times has been an inspiration to us. To Dr. E. M. Medlin, chairman of the Arrangements Committee, we owe our deepest appreciation for the work he and his associates have done in making our meeting pleasant. We wish to commend the efficiency of Dr. F. O. Alford and Dr. G. Fred Hale in the conduct of their offices. The chairman of the Publicity Committee, Dr. Harry Keel, has done a splendid job in giving the meeting publicity. We would also thank the management of the Carolina Hotel for their splendid coöperation, and all other committees and individuals who have contributed in making this a most successful meeting.

PAUL E. JONES, *Chairman*;  
C. M. PARKS,  
NEAL SHEFFIELD.

It was moved, duly seconded, and unanimously carried that the report of the Executive Committee be accepted.

Dr. D. L. Pridgen, chairman of the Membership Committee, made the following report, which was unanimously accepted:

#### REPORT OF MEMBERSHIP COMMITTEE

The districts were organized and a membership campaign was conducted during the year, resulting in the addition of 28 members to the rolls of the Society. Your committee wishes to express its thanks to all who assisted in the campaign.

The report of the membership by districts is as follows:

	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>Total</i>
Members in Good Standing.....	102	141	109	91	105	548
Members Subject to Suspension.....	4	6	0	3	1	14
Members Reinstated.....	2	2	5	0	0	9
New Members.....	5	5	2	3	4	19

We recommend that a reasonable extension of time be granted those members who are subject to suspension, and that every means be exhausted to collect their dues and hold them in the Society. In our judgment this is far easier of accomplishment than getting them reinstated after they have been suspended.

Respectfully submitted,

D. L. PRIDGEN, *Chairman*;  
CHAS. S. MCCALL,  
W. C. CURRENT,  
C. A. GRAHAM,  
EVERETT L. SMITH,  
A. T. JENNETTE.

*Dr. F. L. Hunt:*

Mr. President, in connection with this report, may I have the floor for a moment? As you probably notice, from Dr. Pridgen's report, the reinstatements were very small at this time. The reinstatement from the First District one, Second District one, Third District six, Fourth District two, Fifth District none, making a total of ten.

We are not entirely out of the depression and it has occurred to me that perhaps it would be a wise move on the part of the North Carolina Dental Society to again follow the precedent established a couple of years ago, 1934, when that penalty was reduced to five dollars. Now, I know of a lot of men who are kept out in our district because the boys just feel they can't pay twenty-four dollars. Many of them were suspended really through no fault of their own, just simply an economic impossibility for them to become members and retain their membership. And it seems to me that it would be a very beneficial thing to do if we could get those men in by temporarily reducing that penalty to five dollars. And if it's in order, I would like to make that a motion.

*Dr. C. M. Parks:*

I wish to second that motion. I would like to speak in behalf of some I know who did not have the money and I believe we could get a few back in our district.

*President Edwards:*

It has been moved and seconded that the penalty be reduced for one year to five dollars. Is there any discussion?

*Member:*

From the First District, Mr. President, I am sure that we could reinstate some of our old members, with this condition, if this motion is carried. However, I feel that those members who have been solicited and brought in since the first of the year and paid their twenty-four dollars would be entitled to a consideration. I am in favor of this motion, but if it is carried I think those men should have a credit of the difference placed on their 1937 dues.

*President Edwards:*

If there further discussion. Are you ready for the question?

*Dr. N. P. Maddux:*

Mr. President, it has occurred to me, in fact I have looked through my book, and the men I have up for suspension are three that we reinstated and paid one year of dues. The penalty then had been changed to five dollars. Now, those men are still giving us trouble. I doubt that it is worth our giving them any consideration at all. I think a man that wants to be in the Society is perfectly willing to pay that amount, and I see no reason why we should change at this time; next year it will be the same thing. I am opposed to it.

*Dr. Hunt:*

If it passes, it is for the coming year, 1936-37.

*President Edwards:*

All in favor of the motion, let it be known by standing. All those opposed, please vote likewise. The motion is carried.

I believe Dr. Paul Jones, chairman of the Executive Committee, wants to make a supplemental report.

*Dr. Paul Jones:*

In making my report a few moments ago, I was trying to make it from notes, and I overlooked one of my notes and I am sorry. I want to make it at this time.

Your committee wishes to endorse enthusiastically the efforts of our Ethics Committee in keeping down advertising and to help keep the members of our profession in line with good ethics and to uphold the dignity of our profession at this time.

*Dr. Paul Jones:*

Mr. President, I rise to a point of order. I think we have just voted here to do something that we have no right to do. Our Constitution and By-Laws provide what the penalty for reinstatement is and we are going to alter those By-Laws. That requires a certain majority of this House of Delegates, does it not? There are certain things we have to follow and I don't think that where there is opposition that we can do that. I wasn't in here during the discussion.

*Dr. J. Martin Fleming:*

I believe, if there is an objection, it carries over for one year.

*President Edwards:*

That being the case, it seems we were out of order in passing the motion. We will strike that out, Mr. Reporter.

*Dr. F. L. Hunt:*

I wish to withdraw the motion.

*Secretary Alford:*

I have a list of members here, Mr. President, for suspension, and I also have a list of new members and reinstated members, and I wonder if I should read these at this time or wait until we have made an effort to collect these dues and turn them over to the Editor-Publisher.

*Dr. J. Martin Fleming:*

I feel that publicity should be given these names and then make the effort, if you care to.

The Secretary read the names of those up for suspension, new members, and reinstated members, as follows:

#### MEMBERS TO BE SUSPENDED FROM THE NORTH CAROLINA DENTAL SOCIETY FOR NONPAYMENT OF DUES, MAY, 1936

##### FIRST DISTRICT

Dr. A. V. Boyles.....	Dallas
Dr. O. H. Hester.....	Hickory
Dr. E. B. Mackie.....	Granite Falls
Dr. W. J. Miller.....	Lenoir

##### SECOND DISTRICT

Dr. L. B. Albright.....	Charlotte
Dr. R. P. Anderson.....	Mocksville
Dr. D. B. Boger.....	Charlotte
Dr. W. L. Ezzell.....	Concord
Dr. W. C. Houston.....	Concord
Dr. H. R. Pearman.....	Cooleemee

##### THIRD DISTRICT

(None)

##### FOURTH DISTRICT

Dr. W. T. Herndon.....	Fayetteville
Dr. J. B. Herndon.....	Laurinburg
Dr. M. L. Johnson.....	Whiteville

##### FIFTH DISTRICT

Dr. R. S. Turlington.....	Goldsboro
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#### NEW MEMBERS NORTH CAROLINA DENTAL SOCIETY

##### FIRST DISTRICT

J. R. Fritz.....	Hickory
Paul E. Hedrick.....	Lenoir
R. L. Falls.....	Morganton
B. B. Bishop.....	Asheville
L. Van Proyen.....	Asheville
W. K. Whitson.....	Asheville
J. M. Cheek.....	Raleigh

SECOND DISTRICT

L. F. Bumgardner.....	Charlotte
Bernard N. Walker.....	Charlotte
J. C. Pennington.....	Thomasville
J. Hopkins Kelly.....	Charlotte
Edward H. Reich.....	Winston-Salem
Ralph Flowers .....	Winston-Salem
Duke Morse .....	Walkertown

THIRD DISTRICT

Reid T. Garrett.....	Rockingham
J. W. Mitchell.....	Greensboro
L. J. Pegram.....	Pinehurst
J. H. Ellerbe.....	Rockingham
C. D. Dawkins.....	Rockingham
D. H. Erwin.....	Greensboro
J. B. Milliken.....	Siler City

FOURTH DISTRICT

Chas. B. Johnson.....	Chadbourn
I. C. Clark.....	Mebane
Robert Byrd.....	Linden

FIFTH DISTRICT

C. G. Lancaster.....	Windsor
C. V. Zibelin.....	Wallace
Carl N. Moore.....	Wilmington
R. A. Wilkins.....	Mount Olive

ATTENDANCE AT PINEHURST MEETING, 1936

Members Registered.....	334
Visiting Dentists.....	28
Visitors .....	69
	<hr/>
	431
New Members.....	19
Reinstated Memberships.....	9
	<hr/>
Increased Membership.....	28

*Dr. Graham:*

Mr. President, Dr. Alford handed me this report, received from Dr. Poindexter on the Five-State Post-Graduate Clinic. I will read it at this time:

REPORT OF THE FIVE-STATE POST-GRADUATE CLINIC, 1936

At a joint session of the Executive and Program Committees of the State Society in Durham on November 18, the opinions of the committees were that, inasmuch as the Five-State Post-Graduate Clinic appeared to be sponsored or urged by the manufacturers and dealers, they would not be willing to coöperate in an official way in supplying clinicians and other help in the arrangements of this particular meeting.

There were, however, six clinicians listed by North Carolina men. This number being on the program was brought about by my failure, as chairman, to notify the other members of this committee of the decision on November 18 and by the committee in charge in Washington appealing direct to some of our men.

It is understood that this clinic, which was held in Washington on March 8-11, was largely attended, clinics and essayists were good, and quite a number of men from North Carolina were there. They all reported, from a standpoint of information and entertainment, quite a successful meeting.

Respectfully submitted,

C. C. POINDEXTER, *Chairman*;  
JOHN A. McCLUNG,  
A. C. CURRENT,  
H. R. CHAMBLEE,  
PAUL FITZGERALD.

*President Edwards:*

You have heard the report of our Five-State Post-Graduate Clinic; what is your pleasure?

*Dr. Howle:*

Mr. President, it seems to me that a very important question has been raised here, especially after the action that was taken by this body, and especially after the report of Dr. John Wheeler. I think this matter should be looked into very carefully and if that clinic is sponsored and is financed by the commercial organizations, I think we ought to take some definite action in the matter. I do not feel that we should take any part in it under those conditions.

*Dr. Fleming:*

I acquiesce with Dr. Howle in that question. I feel that if the supply men are behind this, we should know it. I am decidedly against it.

*Dr. Bell:*

Mr. President, I did not know until since I have been in this meeting of the North Carolina Dental Society that it was sponsored by the manufacturers. If it is, then it is in the same class as the journals that are sponsored by the manufacturers, and edited, unfortunately, by two or three of the leading dentists of the United States of America. I can't understand for the life of me how men occupying positions high in the American Dental Association would be willing to put their names on the manufacturers' publications. It seems to me that this Five-State Clinic falls in the same category as those; if I am right, then I want to record my opposition to the North Carolina Dental Society participating in the Five-State Clinic.

*President Edwards:*

Now, I would like to say this: We don't want to be too hasty in convicting those fellows up there, until we do know the facts. Now, when we say that their meeting is sponsored by manufacturers and supply people we ought to be able to back that statement up with facts. I am not prepared to say it is or is not true; but you must bear in mind that we are preparing ourselves to go on record officially and putting in our record statements that we may not be prepared to prove.

Now, those are some mighty fine men up there in Washington who are very enthusiastic about this program. My opinion is, based on my contact with some of them at Washington this spring, that there is a great probability that they will change the name of this meeting from the Five-State Post-Graduate Clinic to possibly a District of Columbia Post-Graduate Clinic.

It was the attitude of your State officers, the Executive Committee, and Program Committee, during the past year, that inasmuch as the North Carolina Dental Society had taken no official action with reference to this committee, that we as an organization should not participate or couldn't participate officially; but since their publicity committee had done such a complete job of advertising their meeting throughout our State and with the assistance of our own members, that your officers and Executive Committee felt that if any member desired to participate himself it was all right, that that was up to him and we couldn't keep him from attending. But they contacted me and wrote me a number of times, as much as I hate to say it, many of their letters received no response from me, other than performing what I considered to be my official duty of giving them the committee as had been appointed for the Five-State Clinic meeting. I merely sent the publicity committee at Washington the names of this committee. He requested me to send the names of all the officers and staff and different men, which I did not feel that I should do, and did not do it. But I merely felt that my position was such that I should be courteous enough to send him the names of the committee which had been appointed for that purpose; but we did not feel that we should insist as an organization in the fellows participating in this meeting, using our name in an organization in which we had no official part in the control.

Now, I think we ought to hesitate before we say that this meeting is sponsored by manufacturers and supply houses. Now, it may be, I wouldn't say it is, but remember we are preparing to put ourselves down on record.

*Dr. Howle:*

Mr. Chairman, I move that we accept this report, with the recommendation that the condition of this clinic be investigated by the incoming Executive Committee, and if they find that this clinic is being put on by the commercial interests that we withdraw our support. (This motion was seconded.) (The motion was unanimously carried.)

*Secretary Alford:*

Mr. President, at this time I would like to make a statement of receipts and disbursements to date as Secretary-Treasurer. Of course, after this meeting we will have a financial report to make and turn over to the Executive Committee. The figures are as follows:

REPORT OF NORTH CAROLINA DENTAL SOCIETY FOR THE PERIOD  
FROM AUGUST 1, 1935, TO JUNE 30, 1936

July 17, 1936.

*To the Officers of the North Carolina Dental Society:*

GENTLEMEN:—We have audited the recorded transactions of F. O. Alford, D.D.S., Charlotte, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, for the period from August 1, 1935, to June 30, 1936, and as a result thereof we submit herewith our report, consisting of the following statements:

Exhibit A—Statement of Receipts and Disbursements for the period from August 1, 1935, to June 30, 1936.

Schedule 1—Reconciliation of Account with American Trust Company, Charlotte, North Carolina.

All receipts of record were traced and found to be properly accounted for. Disbursements were audited in detail and were supported by properly signed vouchers and other supporting data.

Reports of District Secretaries were submitted for our inspection, but they do not coincide with reports of State Secretary-Treasurer, and were therefore of no value to us in verifying receipts.

It would appear that if a fiscal year closing of the records of the State Secretary and also of the districts were established, all reports could then be submitted for the inspection of the Executive Committee and the examination of the auditor.

The records of the Secretary-Treasurer were found to have been neatly and accurately kept.

Respectfully submitted,

GREATHOUSE & BUTLER,  
*Certified Public Accountants.*

EXHIBIT A

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE PERIOD  
FROM AUGUST 1, 1935, TO JUNE 30, 1936

RECEIPTS

<i>District Receipts—Membership Dues:</i>	<i>Annual</i>	<i>Life Members</i>	<i>Total</i>
First District .....	\$ 828.00	\$ 16.00	\$ 844.00
Second District .....	1,250.00	28.00	1,278.00
Third District .....	1,030.00	44.00	1,074.00
Fourth District .....	770.00	60.00	830.00
Fifth District .....	970.00	36.00	1,006.00
Total District Receipts.....	\$4,848.00	\$ 184.00	\$5,032.00

*Miscellaneous Receipts:*

Interest on Savings Account.....	\$ 72.66
Sale of Exhibit Space—Pinehurst.....	570.00
Sale of Exhibit Space—Blowing Rock.....	30.00
Refund—American Dental Association.....	14.00
Refund—Oregon State Society.....	9.85
	<hr/> 696.51
Total Receipts.....	\$5,728.51
Balance—August 1, 1935.....	3,102.65
	<hr/>
Total Receipts and Balance.....	\$8,831.16

DISBURSEMENTS

*American Dental Association:*

Proportionate Part of Dues from Members:

Annual Dues.....	\$1,912.00
Life Members.....	184.00

\$2,096.00

*Expenses:*

Salary—Secretary-Treasurer .....	\$ 150.00
Salary—Editor-Publisher .....	150.00
Salaries—District Secretaries.....	125.00
Telephone and Telegraph.....	16.22
Printing Proceedings—1935 Meeting.....	649.73
North Carolina Dental Relief Fund.....	200.00
Honoraria and Expense of Clinicians—Pinehurst	557.24
Printing Programs—1936 Meeting.....	48.00
Publicity and Expense.....	67.97
Stationery, Printing, Supplies, and Miscellaneous	158.50
Floral Designs—Deceased Members.....	20.60
Secretarial Work—Pinehurst Meeting.....	35.00
Mimeographing .....	13.35
Reporter—1935 Meeting.....	75.00
Express .....	3.30
Premium—Bond of Secretary.....	7.50
Premiums—Bonds of District Secretaries.....	25.00
Postage .....	68.55
Auditing .....	20.00
President's Emblem—Dr. Z. L. Edwards.....	15.00
Badges, etc. ....	21.52
Flowers and Entertainment—Pinehurst.....	46.87
North Carolina State Board of Dental Examiners	500.00

2,974.35

Total Disbursements.....

\$5,070.35

*Balance—June 30, 1936:*

American Trust Co., Charlotte, N. C., Checking Acct..	\$1,066.62
Morris Plan Bank—Savings Account.....	2,694.19

3,760.81

Total Disbursements and Balance.....

\$8,831.16

SCHEDULE 1

RECONCILIATION OF BANK BALANCE, JUNE 30, 1936

American Trust Company, Charlotte, N. C.:

Checking Account:

Balance per Bank Statement.....	\$1,081.62
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Less: Vouchers Outstanding:

No. 120—June 9, 1936.....	2.00
No. 121—June 10, 1936.....	2.00
No. 129—June 22, 1936.....	5.00

No. 131—June 29, 1936.....	2.00	
No. 132—June 29, 1936.....	4.00	
		<hr/> 15.00
Balance per Books.....		\$1,066.62
Morris Plan Bank, Charlotte, N. C.:		
Savings Account.....		2,694.19
		<hr/>
Total Cash Balance.....		\$3,760.81

It was moved, seconded, and unanimously carried that the report of the Secretary-Treasurer be accepted.

*Dr. H. R. Chamblee:*

Mr. Chairman, Dr. Nat Maddux, chairman of the Clinic Board of Census, asked me to give the report of the committee, since he had to return home this afternoon. He sent his regrets to the House of Delegates.

We observed some splendid clinics demonstrating originality and improvements on old methods.

These men are serving the North Carolina Dental profession and we should feel indebted to them for this effort. We are especially indebted to the out-of-state clinicians for their contributions.

The following clinicians have been selected for the meeting of the American Dental Association in San Francisco: Drs. John A. McClung, Winston-Salem; J. W. Stanby, Wilmington; R. Philip Melvin, Winston-Salem; and K. L. Johnson, Raleigh.

Your Clinic Board of Census regards with disfavor the failure of those men, whose names appeared on the program, to give clinics. We feel that this is a bad precedent.

NAT MADDUX, *Chairman*;  
L. M. EDWARDS,  
WILBERT JACKSON,  
H. R. CHAMBLEE,  
L. M. MASSEY,  
F. L. HUNT.

The report of the Clinic Board of Census was unanimously adopted.

*Dr. S. Robert Horton:*

Mr. President, as chairman of the Resolutions Committee, I wish to make the following report: The first resolution reads as follows:

Whereas, The North Carolina Dental Society has always stood for the highest code of ethics and professional conduct of its members, and has always dealt fairly and considerately with all dental manufacturers, dealers, dental laboratories, drug manufacturers, and all other businesses or concerns depending upon the dental profession for their livelihood and existence; and

Whereas, We appreciate all that these agencies, serving with the dental profession, have done, and are doing, when they serve in a proper professional attitude, but, for those who would commercialize our profession for their advantage and immediate gain, we have neither sympathy nor tolerance; and

Whereas, Our membership, as well as all ethical dentists, and those serving with us, are entitled to know our attitude concerning certain problems now confronting our profession, we deem it wise to restate several definite positions which we have taken in the past and clarify our position on other present-day problems of the dental profession.

Whereas, The North Carolina State Board of Dental Examiners has always required of its applicants the highest moral character and pre-dental education, in addition to suitable proficiency in the various branches of Dental Education; and

Whereas, Our State Society has sponsored and secured by legislative enactment a law which gives our State Board of Dental Examiners broad power and responsibilities regarding the ethical conduct of our members, in requiring the annual renewal of licenses, prohibiting dental advertising, regulating all post-graduate courses and commercial sponsored courses, etc. And the law further provides for a dental member on the State Board of Health—a Dental Supervisor of the Oral Hygiene Department and a dentist on each county board of health; and

Whereas, Our State Society, by proper action, has gone on record as opposing the publishing of our proceedings in proprietary or trade house journals, and also requesting that our members do not personally contribute to proprietary journals, and opposed by resolution the national advertising plan, and by other definite action our organization has shown clearly that it desires the highest code of ethics for our membership, and it would naturally follow that we expect the same high standard from those serving with the dental profession, and with this thought in mind we desire to clarify our position on certain questions: Therefore be it

*Resolved:* That we endorse the splendid work being done by the Council of Dental Therapeutics, Dr. Samuel M. Gordon, Secretary.

That we approve the standard of journalism as practiced by the American Dental Journal, and further go on record as approving the coöperative plan for State Bulletins as outlined by the American Association of Dental Editors, *e.g.*, in general make-up, central bureau for securing advertisements, and for the dissemination of material for State Bulletins; and

That we favor the publishing of a journal—owned and published by the dental profession, sponsored by the state societies, and sent free of charge to all members of the dental profession to replace the “throw away” journals which are now sponsored by the trade houses. We would urge that local dealers who sponsor “throw away” journals in this State be asked to withdraw their support to said periodicals and to aid in the same generous way our State Society Bulletins and in that way help directly the profession they serve.

We further favor the publishing of a journal by the dental profession, for the education of the public, such as “Hygeia of the American Medical Association.”

We deplore the increasing tendency of certain pharmaceutical houses, dental manufacturers, and laboratories to advertise by radio, and otherwise, products and procedures which are questionable dental health measures. We recommend that no courses be given in this State unless specifically invited by the State Society or component society, and then only after due deliberation, and in this way carrying out the spirit as well as the letter of the law; and

That we oppose the forming of any alliance between the dental profession and the dental laboratories and allied trade associations for the supposed purpose of educating the public.

Now this meets with the committee's approval entirely. I think there are some points there, however—we go ahead in this resolution and

condemn support of the trade journals and then turn right around and invite them to come in and support ours. I don't fancy that quite so much. Just as a point, I don't blame the others for condemning the Five-State meeting because it is supported by tradesmen, and yet we take in five hundred dollars from tradesmen out here on exhibits while we are condemning these other gentlemen. We will have to reach some point in this controversy by which we can consistently take a stand. And that is the only statement I have to make about that particular point.

*Dr. Paul E. Jones:*

I move the adoption of the report of the Resolutions Committee (which was duly seconded).

*President Edwards:*

It has been moved and seconded that we adopt the resolution read by the chairman of the Resolutions Committee. Is there any discussion?

*Dr. Phin Horton:*

I would like to know how we are to reconcile the incongruities there; and I don't see how we can do that and then not live up to it, and how can we live up to it? As Dr. Horton has just said, it is rather inconsistent.

*Dr. H. O. Lineberger:*

I would like to answer the question raised by Dr. Horton in regard to those free journals.

*Dr. Robert Horton:*

I am not talking about the journals, I am talking about trade houses.

*Dr. Lineberger:*

Well, as to the dealers in the different districts, New Jersey, this State, Florida, and several others, have withdrawn their support, that is, the local dealers. I think he has to pay thirty cents a year for each member of the profession that gets the journal. They have withdrawn this support and they are contributing to their local state society bulletin, and in this way it makes a better bulletin. I am glad to report that the dealers in this part of the country are very much inclined to that proposition.

*Dr. Phin Horton:*

That isn't the point. We all know that we call on the dealers and make them contribute, I think we realize that, but there is an inconsistency there if we say, "You stop sending these trade journals to our office, but you have to contribute to this other journal." I just wonder, gentlemen, if we couldn't just run our own affairs without the tradesmen

entirely. I just wonder. We took in five hundred and some dollars here. Now you take our exhibits, take the exhibits here now and compare them with what they were—when was it, fifteen or sixteen years ago when we met in Pinehurst before? What are our exhibits? Laboratory exhibits; that is all, or practically all. Our exhibits have gotten to the point where there is nothing educational about them; because you don't need to go there and see a beautifully pictured plate or bridge or something of that kind. My gosh, you take the impression and send to the laboratory and they will make you that thing, anyhow! You don't need to look at it. Of course, they have some new technique, probably, but not so much that we haven't already read about it in the journals, the A. D. A. Journal and other journals.

It has just occurred to me that we want to be consistent in our position in this matter.

*Dr. Wheeler:*

Might I butt in again, Mr. President?

*President Edwards:*

Yes, sir.

*Dr. Wheeler:*

I think it's a well known fact that the national organization of manufacturers, or whatever it is, has not exhibited in North Carolina, in how many years?

*Dr. Phin Horton:*

It has been a long time.

*Dr. Wheeler:*

They don't exhibit here. Why should we be so solicitous about them? They don't come here to exhibit. One of these men told me, at least five years ago, he said, "It will be many years before the National Association will come to North Carolina because you don't have enough members." Yet, I am not sure but what in some states they don't have as much membership as we do. But they will not come to North Carolina, and we have only a few laboratory exhibits, a few individual manufacturers, like Squibb and one or two others. But this State—why I am ashamed to see an exhibit like this in a Society of over five hundred members! They just don't exhibit with us. I don't think we need to feel under any obligation to them. The fact remains, they don't exhibit in North Carolina.

*President Edwards:*

Is there further discussion?

*Dr. Paul E. Jones:*

Mr. President, the adoption of this resolution may put us in the position of being inconsistent and all that, but it certainly will put us in the position of running our own affairs. So I think that the position we want to get into; the sooner we do it why the more respect we will have from these people. I am for the adoption of the resolution as it is.

*President Edwards:*

Is there further discussion? If not, are you prepared to vote? All in favor of the motion, let it be known by saying "aye"—not, let it be known by standing. All those opposed, please stand. The motion is carried unanimously.

*Dr. S. Robert Horton:*

Gentlemen, this is a copy of the Oregon State Dental Association resolution that the secretary sent me to be read to you:

March 23, 1936.

DEAR DOCTOR:

Following is a resolution unanimously passed at the 1936 Annual Session of the Oregon State Dental Association just completed.

We urgently request that you take similar action, as we feel, through united efforts, there is strength for recourse in this matter.

"*Resolved*, That the Oregon State Dental Association instruct its delegates to request the House of Delegates of the American Dental Association to make an investigation of the activities of the American Dental Trades Association, which have resulted and are now resulting in excessive charges to the dental profession for professional equipment and supplies, and further that a copy of this resolution be sent to all the constituent state and territorial associations of the American Dental Association, together with a letter urging them to take similar action."

Fraternally yours,

OREGON STATE DENTAL ASSOCIATION.

By F. W. HOLLISTER, *Secretary*.

Mr. President, I move its adoption.

It was seconded and unanimously adopted.

*Dr. S. Robert Horton:*

This was sent in by the Raleigh Society, without recommendation, and reads as follows:

#### RESOLUTION

Whereas, We, as members of the dental profession, feel that one of our most important health service duties is to educate our people in the proper care of their teeth; and

Whereas, The Dr. Lyons' Tooth Powder, manufactured and sold by the R. L. Watkins Company, Newark, N. J., in their radio advertisement repeatedly makes the statement that "ninety per cent of the dentists clean teeth with powder." which we believe is incorrect and unfair to our profession: Therefore be it

*Resolved:* That we, the members of the Raleigh Dental Society, condemn and label as untrue the statement made by the radio announcer on the national program of the R. L. Watkins Company, and further suggest that a true statement of the facts will place both the dental profession and dentrifice manufacturers in a position more to be desired.

*Resolved further:* That a copy of these resolutions be mailed to the R. L. Watkins Company, a copy to the Secretary of the American Dental Association, and a copy to the Secretary of the North Carolina Dental Society, and request that same be acted upon at the next meeting of the North Carolina Dental Society.

(Signed) THE RALEIGH DENTAL SOCIETY,  
By DR. T. L. YOUNG, *Secretary*.

March 2, 1936.

This resolution was unanimously adopted by the North Carolina Dental Society. //

Dr. H. O. Lineberger made the following report for the Legislative Committee, which was unanimously adopted:

Your Legislative Committee held a special called meeting and organized. The State Legislature was not called into a special session and for that reason we had no particular duty to perform.

Respectfully submitted,  
H. O. LINEBERGER, *Chairman*;  
J. N. JOHNSON,  
A. S. BUMGARDNER,  
PAUL E. JONES,  
R. M. OLIVE.

*Dr. Fitzgerald:*

Mr. President, at the 1935 annual meeting of the Fifth District Dental Society there was a recommendation made that we resume the extension post-graduate courses which we held a few years ago, that this matter be taken up with the secretaries of the other districts, and at this meeting a decision be made by the North Carolina Dental Society as to action on it. Now, I don't know what has been done in regard to this matter, but I do know one thing, that these post-graduate courses were highly beneficial. I am very much in favor of them myself and I just want to bring it before you this morning to see whether or not this Society wishes to act.

*Dr. G. Martin Fleming:*

Mr. President, I think that on account of the shortness of time that we have now, that we could hardly act intelligently on this short notice; I therefore move that the question be left with the committee that formerly had charge of that. It is still in existence, as I understand it.

*Dr. Fitzgerald:*

That committee has been discontinued, has it not, Mr. President?

*President Edwards:*

I believe that committee has been discontinued as of last year.

*Dr. Fitzgerald:*

I would like for the chairman to appoint a committee to act with the Executive Committee or the necessary committee, and make a decision on this. (This was seconded.)

*President Edwards:*

You mean the incoming administration, Dr. Fitzgerald?

*Dr. Fitzgerald:*

Yes, sir.

The motion was unanimously carried.

*Dr. John H. Wheeler:*

Mr. President, I have a Liability Insurance report. One of the members wrote me to know if the liability insurance had been discontinued, and so I wrote to the local company in Greensboro asking them about it, and I have this letter in reply:

GREENSBORO, N. C., April 22, 1936.

DR. JOHN H. WHEELER,  
Banner Building,  
Greensboro, N. C.

DEAR DR. WHEELER:

Re: Group Liability Insurance—

North Carolina Dental Society.

In response to your recent request, we give you some facts in regard to the Group Policy which we have in force for the North Carolina Dental Society in the Aetna Casualty and Surety Company.

On an annual basis we are insuring in North Carolina 314 members of the Society. We do not issue Liability Insurance to any parties who are not members of the Society.

The rates which we are quoting are the lowest made by the Company under any similar Group Contract in the United States, viz.: \$11.00 for limits of \$5,000 and \$15,000, and \$15.00 for limits of \$10,000 and \$30,000. The first limit means the maximum amount that the Company will take care of in any one case, including legal expenses, etc., and the second limit mentioned in each instance is the maximum liability that the Company will assume over an entire year in all cases.

If we can be of further service to you, please let us know.

Very truly yours,

MERRIMON INSURANCE AGENCY, INC.,  
General Agent.  
FRED C. ODELL,  
Treasurer.

I was very agreeably surprised to find that 314 of our members are carrying this group insurance.

*President Edwards:*

You have heard the report of the Liability Insurance Committee; what is your pleasure? (The report was unanimously adopted.)

*Dr. Beam:*

Mr. President, believing that the Ethics Committee would like to have or should have a little more latitude in dealing with unethical cases, I have the following motion I would like to make: I move that the following change be made in the Constitution and By-Laws of the North Carolina Dental Society: Section 7 of the By-Laws, where it reads, "which penalty shall be suspension or expulsion from the Society," said phrase shall read, "which penalty shall be a reprimand or suspension or expulsion from the Society." (This was seconded.)

*President Edwards:*

That would necessitate amending our Constitution, wouldn't it? And in that case, wouldn't it be necessary to let it lie over until the next session?

*Dr. Paul E. Jones:*

With unanimous consent you could put it over, I think.

*Dr. Fleming:*

Mr. President, I wouldn't be interested in objecting to anything in there, but if you are going to have a penalty that is simply a reprimand I would be glad to put in there "a public reprimand," and let it go at that. I am perfectly willing to it, if you make that a public reprimand, but simply to hand out a reprimand to him in the ethics room, it has no force.

*Dr. Beam:*

That would be agreeable to me, Dr. Fleming.

*Dr. J. Martin Fleming:*

Then I move its adoption, without objection. I might say here, Mr. President, that in suggesting the public reprimand I think it should be made at a time when the most members are present, probably the night of the election. If there is to be a public reprimand, let it be to as many as you will. That is the only way to make it a deterrent. (This motion was seconded.)

*President Edwards:*

Shall we act on that at this session and take final disposition at our next session?

*Dr. Paul E. Jones:*

If there is no objection, we can act on it at this session.

*President Edwards:*

Is there any objection?

*Dr. J. Martin Fleming:*

I believe we will have to adjourn our meeting and take it up again.

*President Edwards:*

All in favor of that amendment to our Constitution let it be known by saying "aye." (The motion was unanimously carried.)

*President Edwards:*

I declare the meeting of the House of Delegates adjourned for a minute (it now being 12:40 o'clock p.m.).

I now declare the meeting of the House of Delegates in session again.

*Dr. Fleming:*

I move the adoption of the amendment, as read. (This motion was seconded and unanimously adopted.)

*Dr. Fitzgerald:*

Mr. President, I would like to bring this before the meeting this morning. Some time ago and for some number of years at intervals I have received from the Virginia State Dental Society a bulletin which carries the names of the dentists who are licensed and practiced in the State of Virginia. That is gotten up in a very fine order. It shows the name of every man who has ever practiced in the State of Virginia. The North Carolina Medical Society carries something like this in the handbook. I am wondering if we couldn't work it up and incorporate it ever so often in our bulletin?

In view of this, I would like to know whether or not the members here think this is a good idea? I will say that this does carry the name of all the men who have practiced in the State of Virginia and all the men who have been licensed in the State of Virginia.

It's a splendid thing from a historical standpoint. It will necessarily mean quite a bit of work upon someone. I would suggest that the North Carolina Dental Society create a new committee, historical committee, to work this thing up, and that it be placed in the bulletin at certain intervals. I would like to hear any discussion on this. That is a motion. (This motion was duly seconded.)

*Dr. Eugene Howle:*

Mr. President, as far as I can see, if you see fit to pass this motion I see no reason for the appointment of any committee, because I have that record in my office and all I have to do is to turn it over to the North Carolina Dental Society.

*Dr. S. Robert Horton:*

Mr. President, excuse me for butting in. Anybody that wants that information can get it any time they want it, and it's a notorious fact that the list of dentists is a sucker list that is used by everybody that wants to take somebody for a ride now. And we don't want any publicity of that kind if we can help it. Now, anybody that wants it can go to Eugene Howle and get that any time they want it.

*Dr. Fitzgerald:*

Mr. President, as I say, I have received these bulletins from time to time. They are not only interesting, but they are informative, and I think that our records, sometimes, I do think they are rather loosely kept. We have one man in the Fifth District that practiced there that is being carried in the Bulletin at the present time as a live member; this man has been dead a matter of seven or eight years. I guess he is still carried in the Bulletin as a member.

*President Edwards:*

Gentlemen, there is a motion before the house. Is there any discussion?

*Dr. Paul E. Jones:*

Mr. President, inasmuch as it seems that this suggestion already is taken care of through the list that Dr. Howle has compiled, and is available, I move we table the motion. (This was duly seconded and unanimously carried, except for dissenting vote.)

*Dr. Jackson:*

Mr. President, by way of information to the House of Delegates: In making arrangements with the management of this hotel for next year's meeting, the management informs us that last year the owner-operator of the hotel made certain concessions to the Medical Society, which included a rate of six and seven dollars per day, and ordered him to reduce the menu, to cut it down and make it less expensive. He did that, and as a penalty he lost the physicians and obtained much criticism for having done just what he was ordered to do. He made the same concession to the Dental Society, and he ordered him to reduce his menu or cut it down in such a way as to meet the prices charged. And he told him rather than to do that he had rather not have us come, that he wanted the people, his guests, to be satisfied and go away happy and boosting his place rather than knocking, and he has not changed his menu, at least he has given us the very best service he can. And if we come back, the rates next year, instead of being six, will be seven and eight dollars, as charged heretofore for all conventions. And he is happy to have us and hopes we will not take it as a boost in prices, but it was an effort to maintain the efficient service that he has given us this year.

Now, we had last night a little misunderstanding as to the dance. Many of you people who were attending the meeting of the House of Delegates which you continued to a rather early hour, when the meeting adjourned you found the dance was over. The orchestra took it upon themselves to quit playing at 12:30, whereas it was agreed they would play all night if it was necessary, or the members of the Society so wanted them to play. And the management of the hotel is very sorry indeed about this, as they had it arranged with the orchestra to play as long as you wished it to. The chairman of the General Arrangements Committee, Dr. Medlin, was in no way responsible and he is just as sorry. Now, that is the only criticism I have heard of the management of the hotel.

I thought in fairness to the management of the hotel, in fairness to the General Arrangements Committee this year, for the incoming President and Executive Committee, it wouldn't be fair except that the House of Delegates know this at this time, so when you get your Bulletin announcing the rates to be charged next year you will understand the boost and why the boost. It is to maintain the efficient service that they have already given us.

*President Edwards:*

Dr. Jackson, may I ask you who was paying for the orchestra?

*Dr. Jackson:*

The hotel was paying for the orchestra and they were at our disposal, but they bundled up and went out at 12:30, and he in no way was responsible. He thought the dance was over and we were satisfied. But the orchestra just did it, that is all. And he is exceedingly sorry, because he has done everything he could to make it comfortable.

*Dr. Medlin:*

I was at the meeting of the House of Delegates last night. As stated in the Bulletin, there is no charge for the hotel orchestra. When they have played heretofore for the State Medical Society, they always end their dance around one o'clock. I can assure you next year, though, that this dance will be continued as long as the members want it. It was done without the knowledge on my part.

*Dr. Minges:*

Mr. Chairman, inasmuch as I informed them that the rates would be six dollars a day, and inasmuch as what I said possibly had something to do with the votes of one or two people in favor of Pinehurst, it now develops that I stated specifically it would be six dollars, and it now develops it will be seven or eight. So, I don't know but if it wouldn't be just as well for us to reconsider this matter before an open house so that there will be no criticism directed at anyone, to give them an oppor-

tunity to reconsider and change their place of meeting. And I am inclined to believe that possibly that would relieve the incoming administration from some criticism and certainly relieve the Executive Committee of the responsibility of coming here in the face of the fact that everybody was plainly told they could come for six dollars. I don't want to make that in the form of a motion, but merely as a suggestion for the consideration of the chair and other members.

*Dr. Medlin:*

Mr. Chairman, may I just say a word? I feel like replying there. I don't know whether they will give us this rate next year or not; but there are a number of other hotels here with a lesser rate than the Carolina, nice hotels at that. Some of them as low as four or five dollars a day, American plan, within two or three blocks of this hotel here. And I just want to pass that on as a suggestion.

*President Edwards:*

I would like to say that it wouldn't be fair to go back into a general session to reconsider this, because we don't have a representative number of men present; we don't have a sufficient number, I feel, representing all sections of the State to justify that decision. Dr. Minges' point is well taken, and I sympathize with that attitude. However, we have an able Executive Committee and that committee has the authority to change the meeting place to some other place if in their wisdom they see fit to do it. Of course, they would want to abide by the wishes of the officers of the organization and others interested. I don't think it is necessary to go ahead with a lot of discussion about that. I do think that it is well to bring it to the attention of the fellows here for consideration, and whether you meet here or any other place, my advice to you is, from experience in this line, to get it definitely on paper what the management of any hotel will do before you meet.

*Secretary Alford:*

I would like to ask Dr. Fitzgerald about this member he said was dead and still carried on the records. I agree that the records of the Society are poorly kept, but I don't know of any way that these things might come to the attention of the Secretary unless they are reported. And during this next year I would appreciate it if you will let me know of anything in that line, so I can correct it.

*Dr. G. Fred Hale:*

Dr. Edwards, Gentlemen of the House of Delegates: For the consideration and for whatever action your judgment dictates, I move we strike from the record all the discussion in the meeting of the House of Delegates last night with reference to the report of the Ethics Committee,

and that we leave in the record only the revised report of this Committee and the final action of the House of Delegates. (This motion was seconded and unanimously carried.)

*Dr. G. Fred Hale:*

Dr. Edwards, I move we strike from the record the nominating speech of Dr. Turlington for Dr. Medlin as President-elect, and the other remarks pertinent thereto. (This motion was duly seconded and unanimously carried.)

*Dr. Paul E. Jones:*

Mr. President, I would just like to direct the attention of the House of Delegates to just one thing. I will do this very briefly. We have from year to year elected some of our most dignified members to represent us in the A. D. A. meeting. We haven't dignified that representation by providing a place on our program for an annual report. I suggest that the Program Committee provide a place hereafter on our program for a report from some designated representative of our delegates to the A. D. A.

*Dr. Howle:*

That is an excellent suggestion, Mr. President, and I would like to second it.

*President Edwards:*

Would you include in that that the delegate be required and instructed to give a written report to the North Carolina Dental Society, and that a place be provided on our program for that report?

*Dr. Paul E. Jones:*

I yield to the wishes of the House of Delegates, and I will include it. The motion was unanimously carried.

It was moved by Dr. J. Martin Fleming, seconded, and unanimously carried: That each year a report be made by the dental member of the North Carolina State Board of Health of the activities of that board during the year.

Upon motion, duly seconded, the meeting of the House of Delegates adjourned at one o'clock p.m., Wednesday, May 13, 1936.

# THIRD DAY—WEDNESDAY, MAY 13, 1936

## GENERAL SESSION

The General Session was called to order at 1:00 o'clock p.m., by President Edwards.

*President Edwards:*

We will immediately go into the General Session at this time, and we will install the officers for the incoming year and hear any committee reports.

The meeting of the North Carolina Dental Society will please come to order.

At this time I will appoint Dr. Keith and Dr. Massey to escort the incoming President for installation, Dr. Pridgen. (Dr. Pridgen is brought forward.)

Gentlemen, by virtue of his training, experience, and willingness to serve organized dentistry, Dr. Pridgen is one of the best equipped men for the office of President of this organization than any man I can think of. It gives me a great deal of pleasure to install and present to you the finest President any organization ever had. (Much applause.)

*President Pridgen:*

Dr. Edwards, and fellow members of the North Carolina Dental Society: I realize that at this stage of our annual meeting all of you are anxious to terminate things as quickly as possible and start on the return journey to your homes, particularly is that true of you who come from a great distance.

I shall therefore at this time merely say to you that I shall strive to the extent of my ability during the ensuing year to merit the honor which you have seen fit to give me, and with the aid of the other officers, the various committees, and the individual members of the Society, it is my ambition to hand to you one year hence the North Carolina Dental Society a greater Society, rendering a greater service to the organized profession of the State. To this end, I beg the coöperation of each of you. (Much applause.)

Now, with your permission, I should like to read the committees for the ensuing year:

## COMMITTEES, 1936-1937

### EXECUTIVE COMMITTEE

Wilbert Jackson, <i>Chairman</i> (1939).....	Clinton
Paul E. Jones (1937).....	Farmville
C. M. Parks (1938).....	Winston-Salem
D. L. Pridgen ( <i>ex officio</i> ).....	Fayetteville
Frank O. Alford ( <i>ex officio</i> ).....	Charlotte

## PROGRAM-CLINIC COMMITTEE

Frank O. Alford, <i>Chairman</i> .....	Charlotte
A. C. Current.....	Gastonia
Jno. A. McClung.....	Winston-Salem
C. C. Poindexter.....	Greensboro
H. O. Lineberger.....	Raleigh
H. L. Keith.....	Wilmington

## ETHICS COMMITTEE

J. Martin Fleming, <i>Chairman</i> .....	Raleigh
W. E. Clark.....	Asheville
Jno. A. McClung.....	Winston-Salem
H. V. Murray.....	Burlington
H. L. Keith.....	Wilmington

## LEGISLATIVE COMMITTEE

J. N. Johnson (1937), <i>Chairman</i> .....	Goldsboro
H. O. Lineberger (1938).....	Raleigh
A. S. Bumgardner (1939).....	Charlotte
R. M. Olive (1940).....	Fayetteville
E. B. Howle (1941).....	Raleigh

## ORAL HYGIENE COMMITTEE

E. A. Branch, <i>Chairman</i> .....	Raleigh
A. Pitt Beam.....	Shelby
Phin E. Horton.....	Winston-Salem
J. C. Senter.....	Albemarle
L. J. Moore.....	Saint Pauls
Paul Fitzgerald.....	Greenville

## MEMBERSHIP COMMITTEE

Jno. F. Reece, <i>Chairman</i> .....	Lenoir
Chas. S. McCall.....	Forest City
W. C. Current.....	Statesville
C. A. Graham.....	Ramseur
Everett L. Smith.....	Raleigh
A. T. Jennette.....	Washington

## EXHIBIT COMMITTEE

Frank O. Alford, <i>Chairman</i> .....	Charlotte
O. C. Barker.....	Asheville
J. Cecil Crank.....	Greensboro
W. F. Mustian.....	Warrenton
Dewey Roseman.....	Wilson

## CLINIC BOARD OF CENSORS

R. M. Olive, <i>Chairman</i> .....	Fayetteville
Victor E. Bell.....	Raleigh
J. Fred Campbell.....	Hickory
L. G. Coble.....	Greensboro
B. R. Morrison.....	Wilmington

## LIBRARIAN

Jessie R. Zachary.....	Raleigh
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EXTENSION COURSE COMMITTEE

E. B. Howle, <i>Chairman</i> .....	Raleigh
W. F. Bell.....	Asheville
Ralph F. Jarrett.....	Charlotte
J. H. Wheeler.....	Greensboro
Paul Fitzgerald.....	Greenville

RESOLUTIONS COMMITTEE

S. Robt. Horton, <i>Chairman</i> .....	Raleigh
Clyde A. Minges.....	Rocky Mount
J. S. Betts.....	Greensboro
H. L. Keel.....	Winston-Salem
J. S. Spurgeon.....	Hillsboro

STATE INSTITUTIONS COMMITTEE

C. C. BENNETT, <i>Chairman</i> .....	Asheville
R. E. Spoon.....	Winston-Salem
C. T. Wells.....	Canton
A. S. Cromartie.....	Fayetteville
J. W. Whitehead.....	Smithfield

MILITARY COMMITTEE

Irby H. Hoyle, <i>Chairman</i> .....	Henderson
D. O. Montgomery.....	Statesville
L. J. Dupree.....	Kinston
G. Fred Hale.....	Raleigh
A. M. Schultz.....	Greenville

INSURANCE COMMITTEE

Neal Sheffield, <i>Chairman</i> .....	Greensboro
A. D. Abernethy.....	Granite Falls
Dan B. Mizell.....	Charlotte
M. B. Massey.....	Greenville
L. G. Hair.....	Fayetteville

NECROLOGY COMMITTEE

R. M. Squires, <i>Chairman</i> .....	Wake Forest
W. D. Gibbs.....	Charlotte
D. H. Crawford.....	Marion
J. H. Judd.....	Fayetteville
J. H. Smith.....	Wilmington

COMMITTEE ON ENTERTAINMENT OF VISITORS

H. E. Story, <i>Chairman</i> .....	Charlotte
C. A. Pless.....	Asheville
Geo. C. Hull.....	Charlotte
W. T. Martin.....	Raleigh
H. K. Thompson.....	Wilmington
Nat P. Maddux.....	Asheville
L. M. Edwards.....	Durham

## PUBLICITY COMMITTEE

J. P. Jones, <i>Chairman</i> .....	Chapel Hill
S. E. Moser.....	Gastonia
P. B. Whittington.....	Greensboro
S. L. Bobbitt.....	Raleigh
J. O. Broughton.....	Wilmington

## GENERAL ARRANGEMENTS COMMITTEE

E. M. Medlin, <i>Chairman</i> .....	Aberdeen
Louis J. Pegram.....	Pinehurst
A. D. Barber.....	Sanford
R. M. Olive.....	Fayetteville
Wilbert Jackson.....	Clinton
R. G. Wharton.....	Sanatorium

## GOLF COMMITTEE

R. P. Shepard, <i>Chairman</i> .....	Pinehurst
G. A. Lazenby.....	Statesville
J. H. Hughes.....	Rexboro

## ENTERTAINMENT COMMITTEE

L. M. Daniels, <i>Chairman</i> .....	Southern Pines
W. L. McRae.....	Red Springs
G. L. Hooper.....	Dunn
H. W. Thompson.....	Hamlet
J. K. Hunt.....	Jonesboro

## COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

W. M. Robey, <i>Chairman</i> .....	Charlotte
W. K. Chapman.....	Sylva
J. C. Watkins.....	Winston-Salem
H. A. Edwards.....	Greensboro
J. A. Sinclair.....	Asheville

## SUPERINTENDENTS OF CLINICS COMMITTEE

W. M. Matheson, <i>Chairman</i> .....	Boone
J. T. Lasley.....	Greensboro
J. D. Kiser.....	Charlotte
Dennis Cook.....	Lenoir
Sandy Marks.....	Wilmington

## SOCIO-ECONOMICS COMMITTEE

F. L. Hunt, <i>General Chairman</i> .....	Asheville
David Abernethy, <i>First District Chairman</i> .....	Hickory
A. S. Bumgardner, <i>Second District Chairman</i> .....	Charlotte
O. L. Presnell, <i>Third District Chairman</i> .....	Asheboro
H. O. Lineberger, <i>Fourth District Chairman</i> .....	Raleigh
Paul E. Jones, <i>Fifth District Chairman</i> .....	Farmville

ECONOMICS COMMITTEE

Z. L. Edwards, <i>Chairman</i> .....	Washington
J. H. Wheeler.....	Greensboro
W. F. Clayton.....	High Point
C. I. Miller.....	Albemarle
I. R. Self.....	Lincolnton
H. Royster Chamblee.....	Raleigh

EDITOR-PUBLISHER

G. Fred Hale.....	Raleigh
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DENTAL MEMBER, N. C. STATE BOARD OF HEALTH

J. N. Johnson.....	Goldsboro
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N. C. STATE BOARD OF DENTAL EXAMINERS

H. C. Carr, <i>President</i> (1938).....	Durham
E. B. Howle, <i>Secretary</i> (1937).....	Raleigh
C. C. Poindexter (1937).....	Greensboro
Clyde E. Minges (1938).....	Rocky Mount
W. F. Bell (1939).....	Asheville
John L. Ashby (1939).....	Mount Airy

DELEGATES TO A. D. A.

J. Martin Fleming (1937).....	Raleigh
H. O. Lineberger (1938).....	Raleigh
Wilbert Jackson (1939).....	Clinton

Dr. J. F. Reece was installed as President-elect.

*Dr. Reece:*

Members of the North Carolina Dental Society, I appreciate very much the confidence and honor you have shown and conferred upon me. I appreciate the record and the inspiration the record of this wonderful Society has, and I am inspired by the record of the men that have preceded me and by the faith that I have in you, in every member of this Society, and I am inspired to give you my very best service, and I pledge you that today. (Applause.)

Dr. E. M. Medlin was installed as Vice-President.

*Dr. Medlin:*

Mr. President and Members of the North Carolina Dental Society, I want to say only this, that I want to thank you for the honor conferred upon me. (Applause.)

*President Pridgen:*

I now install the Secretary-Treasurer, and I am very thankful to have him associated with me the coming year. (Much applause.)

*Dr. Alford:*

I will do the best, fellows, that I can, and that is all I can do.

*President Pridgen:*

I declare the members of the Board of Dental Examiners installed, if there are no objections.

If there is no objection, I now declare this session of the North Carolina Dental Society adjourned.

The sixty-second annual meeting of the North Carolina Dental Society then, at 1:15 o'clock p.m., Wednesday, May 13, 1936, adjourned.

# MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY IN GOOD STANDING

## FIRST DISTRICT

*A. D. Abernethy, Sr.....Granite Falls	J. B. Little.....Hickory
*David Abernethy.....Hickory	R. A. Little.....Asheville
*W. R. Aiken.....Asheville	Matt McBrayer.....Rutherfordton
L. P. Baker.....Kings Mountain	*Chas. S. McCall.....Forest City
*O. C. Barker.....Asheville	*D. E. McConnell.....Gastonia
*M. R. Barringer.....Newton	C. H. McCracken.....Asheville
*A. P. Beam.....Shelby	W. J. McDaniel.....Rutherfordton
*W. F. Bell.....Asheville	Daisy McGuire.....Sylva
C. C. Bennett.....Asheville	W. P. McGuire.....Sylva
*E. N. Biggerstaff.....Spindale	*N. P. Maddux.....Asheville
B. B. Bishop.....Tryon	L. H. Mann.....Asheville
*A. W. Bottoms.....Canton	*J. A. Marshburn.....Black Mountain
J. F. Campbell.....Hickory	W. B. Masters.....Bakersville
W. W. Carpenter.....Hendersonville	*W. M. Matheson.....Boone
H. H. Carson.....Hendersonville	*N. M. Medford.....Waynesville
A. H. Cash.....Shelby	O. L. Moore.....Lenoir
*W. K. Chapman.....Sylva	O. S. Moore.....Mount Holly
J. M. Cheek.....Burnsville	*S. E. Moser.....Gastonia
*W. E. Clarke.....Asheville	*C. B. Mott.....Morganton
*A. P. Cline.....Canton	G. C. Nichols.....Sylva
R. D. Coffey.....Morganton	J. R. Osborne.....Shelby
*E. W. Connell.....Mount Holly	J. M. Parker.....Asheville
*D. S. Cook.....Lenoir	*Geo. K. Patterson.....Asheville
D. H. Crawford.....Marion	*C. M. Peeler.....Shelby
*E. M. Cunningham.....Biltmore	Hugh S. Plaster.....Shelby
*A. C. Curraunt.....Gastonia	Cecil A. Pless.....Asheville
F. W. Davis.....Asheville	Ralph Ray.....Gastonia
J. E. Derby.....Tryon	W. C. Raymer.....Newton
B. A. Dickson.....Marion	*John F. Reece.....Lenoir
*H. C. Dixon.....Shelby	*J. P. Reece.....Valdese
*A. C. Edwards.....Lawndale	H. L. Robertson.....Cliffside
*Geo. J. Evans.....Asheville	*I. R. Self.....Lincolnton
P. R. Falls.....Gastonia	*Jas. A. Sinclair.....Asheville
*J. R. Fritz.....Hickory	*S. H. Steelman.....Lincolnton
*H. O. Froneberger.....Gastonia	C. W. Stevens.....Hickory
*S. P. Gay.....Waynesville	B. C. Thomasson.....Bryson City
E. R. Gilbert.....Highlands	*Paul W. Troutman.....Hickory
B. F. Hall.....Asheville	W. J. Turbyfill.....Asheville
S. J. Hamilton.....Burnsville	L. VanProyen.....Asheville
C. H. Harrell.....Lincolnton	*R. C. Weaver.....Asheville
Paul Hedrick.....Lenoir	Evan S. Wehunt.....Cherryville
M. H. Hewitt.....Forest City	C. T. Wells.....Canton
F. B. Hicks.....Hickory	J. L. West.....Franklin
C. Highsmith.....Gastonia	C. M. Whisnant.....Burnsville
L. J. Hooper.....Asheville	W. K. Whitson.....Asheville
J. S. Howell.....Morganton	*T. A. Wilkins.....Gastonia
*R. R. Howes.....Forest City	P. W. Winchester.....Morganton
*F. L. Hunt.....Asheville	*P. P. Yates.....Lenoir
J. H. Hutchins.....Marshall	J. A. Young.....Newton
A. A. Lackey.....Fallston	*C. B. Yount.....Hickory
O. P. Lewis.....Kings Mountain	

\*Attended the 1936 meeting.

## SECOND DISTRICT

*Geo. S. Alexander.....	Kannapolis	*P. E. Horton.....	Winston-Salem
*F. O. Alford.....	Charlotte	*Geo. C. Hull.....	Charlotte
T. I. Allen.....	Charlotte	P. C. Hull.....	Charlotte
*Fred J. Anderson.....	Winston-Salem	*R. Nat Hunt.....	Lexington
*John L. Ashby.....	Mount Airy	*Wm. A. Ingram.....	Monroe
J. E. Banner.....	Mount Airy	*Ralph F. Jarrett.....	Charlotte
*Carl A. Barkley.....	Winston-Salem	*F. G. Johnson.....	Lexington
Grove C. Barnard.....	Kannapolis	W. F. Jones.....	Wilkesboro
*J. R. Bell.....	Charlotte	*O. L. Joyner.....	Kernersville
A. Mack Berryhill.....	Charlotte	*H. L. Keel.....	Winston-Salem
*J. P. Bingham.....	Lexington	J. L. Keerans.....	Charlotte
A. R. Black.....	Charlotte	*Cyrus Clifton Keiger.....	Charlotte
*V. A. Black.....	Charlotte	J. Hopkins Kelly.....	Charlotte
*C. A. Blackburn.....	Winston-Salem	V. B. Kendrick.....	Charlotte
I. A. Booe.....	Mocksville	Z. V. Kendrick.....	Charlotte
*H. L. Brooks.....	Monroe	W. L. Kibler.....	Charlotte
*A. S. Bumgardner.....	Charlotte	*F. W. Kirk.....	Salisbury
*L. F. Bumgardner.....	Charlotte	*J. D. Kiser.....	Charlotte
*R. T. Byerly.....	Winston-Salem	*A. R. Kistler.....	Monroe
J. D. Carlton.....	Salisbury	G. L. Krueger.....	Charlotte
R. P. Casey.....	North Wilkesboro	*G. A. Lazenby.....	Statesville
*A. C. Chamberlain, Jr.....	Mount Airy	Sam Levy.....	Charlotte
E. C. Choate.....	Mocksville	*W. C. Logan.....	Winston-Salem
*E. G. Click.....	Elkin	*J. A. McClung.....	Winston-Salem
W. J. Conrad.....	Winston-Salem	J. G. Marler.....	Yadkinville
L. C. Couch.....	Elkin	*E. L. Martin.....	Statesville
*Vernon H. Cox.....	Winston-Salem	*Guy M. Masten.....	Winston-Salem
*R. W. Crews.....	Thomasville	Robert Masten.....	Winston-Salem
*W. C. Current.....	Statesville	*R. P. Melvin.....	Winston-Salem
H. C. Daniel.....	Salisbury	*F. C. Mendenhall.....	Winston-Salem
*V. L. DeHart.....	Walnut Cove	*D. B. Mizell.....	Charlotte
*S. C. Duncan.....	Monroe	*D. O. Montgomery.....	Statesville
*R. H. Ellington.....	Salisbury	E. D. Moore.....	Charlotte
P. L. Feezor.....	Lexington	E. B. Morgan.....	Concord
*Ralph C. Flowers.....	Winston-Salem	*Duke Morse.....	Walkertown
*C. L. Folger.....	Dobson	Rosebud Morse.....	East Bend
*J. M. Folger.....	Dobson	J. M. Neel.....	Salisbury
Burke W. Fox.....	Charlotte	*J. H. Nicholson.....	Statesville
*R. A. Frye.....	Pilot Mountain	Eva Carter Nissen.....	Winston-Salem
*W. D. Gibbs.....	Charlotte	*C. M. Parks.....	Winston-Salem
*J. H. Guion.....	Charlotte	J. H. Parks.....	Kannapolis
*E. S. Hamilton.....	Charlotte	R. M. Patterson.....	Concord
*R. B. Harrell.....	Elkin	*F. N. Pegg.....	Kernersville
*A. P. Hartman.....	Winston-Salem	J. Claybourne Pennington.....	Thomasville
J. F. Hartness.....	Mooreville	R. E. Petree.....	Charlotte
Frank K. Haynes.....	Charlotte	*J. R. Pharr.....	Charlotte
Gary Heeseman.....	Charlotte	A. J. Pringle.....	Lawsonville
*H. R. Hege.....	Mount Airy	R. L. Ramsay.....	Salisbury
H. C. Henderson.....	Charlotte	C. A. Reeves.....	Sparta
L. O. Herring.....	Charlotte	*E. H. Reich.....	Winston-Salem
*O. R. Hodgkin.....	Thomasville	R. L. Reynolds.....	Lexington
*D. W. Holcomb.....	Winston-Salem	*W. M. Robey.....	Charlotte
*J. M. Holland.....	Statesville	*G. L. Ross.....	Charlotte
R. H. Holliday.....	Thomasville		

\*Attended the 1936 meeting.

Heywood Ross.....	Charlotte	Lee Roy Thompson.....	Winston-Salem
Ralph Schmucker.....	Charlotte	*L. P. Trivette.....	Mooreville
*W. A. Secrest.....	Winston-Salem	*M. L. Troutman.....	Kannapolis
R. P. Shepard.....	Mount Airy	*R. D. Tuttle.....	Winston-Salem
*C. F. Smithson.....	Charlotte	C. H. Wadsworth.....	Concord
*W. A. Sowers.....	Lexington	*Bernard N. Walker.....	Charlotte
*R. E. Spoon.....	Winston-Salem	D. T. Waller.....	Charlotte
*H. E. Story.....	Charlotte	*J. C. Watkins.....	Winston-Salem
*S. H. Strawn.....	Marshville	*G. E. Waynick.....	Winston-Salem
*B. C. Taylor.....	Landis	*I. M. Waynick.....	Winston-Salem
C. F. Taylor.....	Charlotte	B. H. Webster.....	Charlotte
*L. A. Taylor.....	Winston-Salem	*C. D. Wheeler.....	Salisbury
L. E. Taylor.....	Charlotte	T. P. Williamson.....	Charlotte
W. A. Taylor.....	North Wilkesboro	*G. W. Yokeley.....	Winston-Salem
*W. C. Taylor.....	Salisbury	*K. M. Yokeley.....	Winston-Salem
*C. L. Thomas.....	Mount Airy	J. W. Zimmerman.....	Salisbury

### THIRD DISTRICT

*C. A. Adams.....	Durham	N. T. Holland.....	Durham
Theodore Atwood.....	Durham	J. E. Holt.....	Greensboro
*J. S. Betts.....	Greensboro	*J. H. Hughes.....	Roxboro
W. W. Bowling.....	Durham	A. H. Johnson.....	Greensboro
J. D. Bradsher.....	Roxboro	*J. P. Jones.....	Chapel Hill
*R. W. Brannock.....	Burlington	*Harry A. Karesh.....	Greensboro
T. P. Bullard.....	Roxboro	G. E. Kirkman.....	Greensboro
*L. H. Butler.....	Greensboro	*C. D. Kistler.....	Randleman
*F. S. Caddell.....	Graham	*J. T. Lasley.....	Greensboro
*Daniel T. Carr.....	Durham	C. T. Lipscombe.....	Greensboro
*Henry C. Carr.....	Durham	*D. K. Lockhart.....	Durham
*R. R. Clark.....	Chapel Hill	B. R. Long.....	Greensboro
*I. C. Clark.....	Mebane	*H. S. Long.....	Graham
*W. F. Clayton.....	High Point	R. E. Long.....	Roxboro
*L. G. Coble.....	Greensboro	C. W. McAnally.....	Madison
*J. Cecil Crank.....	Greensboro	*S. H. McCall.....	Troy
*A. W. Craver.....	Greensboro	*E. P. McCutcheon.....	Durham
*L. M. Daniels.....	Southern Pines	A. A. McDuffie.....	Candor
*C. D. Dawkins.....	Rockingham	Gates McKaughan.....	Kernersville
*H. A. Edwards.....	Greensboro	*W. R. McKaughan.....	High Point
L. M. Edwards.....	Durham	J. R. Meador.....	Reidsville
*J. H. Ellerbe.....	Rockingham	*E. M. Medlin.....	Aberdeen
*D. H. Erwin.....	Greensboro	*C. I. Miller.....	Albemarle
R. M. Farrell.....	Pittsboro	*J. B. Milliken.....	Siler City
W. I. Farrell.....	Troy	*J. W. Mitchell.....	Greensboro
*L. M. Foushee.....	Burlington	H. W. Moore.....	Hillsboro
*H. K. Foster.....	Greensboro	J. S. Moore.....	Reidsville
J. S. Frost.....	Burlington	*H. V. Murray.....	Burlington
*J. M. Gardner.....	Gibson	J. B. Newman.....	Burlington
*Reid T. Garrett.....	Rockingham	*R. T. Nichols.....	Rockingham
F. E. Gilliam.....	Burlington	*Carl P. Norris.....	Durham
*C. A. Graham.....	Ramseur	L. G. Page.....	Yanceyville
*J. J. Hamlin.....	High Point	*H. M. Patterson.....	Burlington
J. N. Hester.....	Reidsville	*L. J. Pegram.....	Pinehurst
*W. R. Hinton.....	Greensboro	*D. R. Pitts.....	High Point
*R. H. Holden.....	Durham	*C. C. Poindexter.....	Greensboro

*E. F. Pope.....	Albemarle	E. R. Teague.....	Reidsville
*O. L. Presnell.....	Asheboro	*H. W. Thompson.....	Hamlet
*W. A. Pressly.....	Greensboro	*E. A. Troxler.....	Greensboro
*A. P. Reade.....	Durham	*E. J. Tucker.....	Roxboro
*A. L. Richardson.....	Spray	*J. T. Underwood.....	Durham
E. E. Richardson.....	Leaksville	*R. L. Underwood.....	Greensboro
*J. B. Richardson.....	High Point	J. S. Wells.....	Reidsville
*G. R. Salisbury.....	Asheboro	*R. G. Wharton.....	Sanatorium
*J. C. Senter.....	Albemarle	C. M. Wheeler.....	Greensboro
E. W. Shackelford.....	Durham	*J. H. Wheeler.....	Greensboro
*S. W. Shaffer.....	Greensboro	*P. B. Whittington.....	Greensboro
*B. B. Shamberger.....	Star	*R. A. Wilkins.....	Burlington
*Neal Sheffield.....	Greensboro	*B. W. Williamson.....	Hamlet
T. E. Sikes.....	Greensboro	*J. F. Williamson.....	Wadesboro
L. T. Smith.....	Reidsville	W. L. Woodard.....	Asheboro
*J. S. Spurgeon.....	Hillsboro	*G. N. Yates.....	Durham
*A. R. Stanford.....	Greensboro	*L. H. Zimmerman.....	High Point
*John Swaim.....	Asheboro	*L. R. Zimmerman.....	High Point
C. H. Teague.....	Greensboro	*T. R. Zimmerman.....	High Point

## FOURTH DISTRICT

*C. E. Abernathy.....	Raleigh	C. J. Goodwin.....	Raleigh
*H. L. Allen.....	Henderson	*R. F. Graham.....	Rowland
*R. T. Allen.....	Lumberton	*L. G. Hair.....	Fayetteville
*B. L. Aycock.....	Princeton	*G. Fred Hale.....	Raleigh
*C. D. Bain.....	Dunn	*G. L. Hooper.....	Erwin
*A. D. Barber.....	Sanford	*S. Robt. Horton.....	Raleigh
J. B. Bardin.....	Chadbourn	*E. B. Howle.....	Raleigh
*V. E. Bell.....	Raleigh	*I. H. Hoyle.....	Henderson
*R. M. Blackman.....	Selma	*J. K. Hunt.....	Jonesboro
*S. L. Bobbitt, Jr.....	Raleigh	*E. W. Hunter.....	Sanford
*E. A. Branch.....	Raleigh	J. H. Ihrie.....	Wendell
*W. H. Branch.....	Raleigh	*Wilbert Jackson.....	Clinton
*J. W. Branham.....	Raleigh	*J. A. Jernigan.....	Dunn
E. H. Broughton.....	Raleigh	C. B. Johnson.....	Chadbourn
*C. H. Bryan.....	Apex	J. C. Johnson.....	Raleigh
*J. K. Bryan.....	Oxford	*K. L. Johnson.....	Raleigh
L. E. Buie.....	Lemon Springs	*R. S. Jones.....	Warrenton
H. E. Butler.....	Raleigh	*J. H. Judd.....	Fayetteville
Robert Byrd.....	Linden	*E. N. Lawrence.....	Raleigh
N. G. Carroll.....	Raleigh	*E. G. Lee.....	Clinton
*H. R. Chamblee.....	Raleigh	*H. O. Linberger.....	Raleigh
*R. D. Clements.....	Raleigh	*F. W. McCracken.....	Sanford
*J. F. Coletrane.....	Zebulon	*H. McK. McDiarmid.....	Raeford
*A. S. Cromartie.....	Fayetteville	S. R. McKay.....	Lillington
H. R. Cromartie.....	Raeford	*W. L. McRae.....	Red Springs
*I. H. Davis.....	Oxford	*W. T. Martin.....	Raleigh
*J. R. Edwards.....	Fuquay Springs	L. M. Massey.....	Zebulon
Paisley Fields.....	Fairmont	*W. J. Massey.....	Smithfield
*S. J. Finch.....	Oxford	*L. J. Moore.....	Saint Pauls
*A. H. Fleming.....	Louisburg	*J. D. Muse.....	Henderson
*J. Martin Fleming.....	Raleigh	*W. F. Mustian.....	Warrenton
*C. G. Fuquay.....	Coats	*R. M. Olive.....	Fayetteville
*E. T. Glenn.....	Princeton	*D. L. Pridgen.....	Fayetteville

\*Attended the 1936 meeting.

*J. M. Pringle.....	Elizabethtown	*J. J. Tew.....	Clayton
*W. W. Rankin.....	Raleigh	*M. F. Townsend.....	Lumberton
*C. W. Sanders.....	Benson	*R. A. Turlington.....	Clinton
*E. L. Smith.....	Raleigh	A. D. Underwood.....	Raleigh
*M. R. Smith.....	Raleigh	*M. A. Waddell.....	Fair Bluff
D. T. Smithwick.....	Louisburg	*S. R. Watson.....	Henderson
*R. M. Squires.....	Wake Forest	*J. W. Whitehead.....	Smithfield
*R. W. Stephens.....	Apex	W. F. Yates.....	Chadbourn
J. E. Swindell.....	Raleigh	*T. L. Young.....	Raleigh
W. W. Taylor.....	Warrenton	*J. R. Zachary.....	Raleigh

# FIFTH DISTRICT

*V. M. Barnes.....	Wilson	*J. M. Kilpatrick.....	Robersonville
*O. J. Bender.....	Jacksonville	*C. G. Lancaster.....	Windsor
M. D. Bissett.....	Wilson	*M. T. McMillan.....	Goldsboro
Dexter Blanchard.....	Farmville	*A. R. Mallard.....	Goldsboro
*A. B. Bond.....	Wallace	S. E. Malone.....	Goldsboro
A. C. Bone.....	Rocky Mount	*Sandy C. Marks.....	Wilmington
*Dewey Boseman.....	Wilson	*M. B. Massey.....	Greenville
J. O. Broughton.....	Wilmington	W. C. Mercer.....	Williamston
J. W. Brown.....	Rich Square	*L. J. Meredith.....	Wilmington
F. G. Chamblee.....	Spring Hope	*Clyde E. Minges.....	Rocky Mount
*H. W. Civils.....	New Bern	Carl N. Moore.....	Wilmington
F. H. Coleman.....	Wilmington	*R. W. Moore.....	Tarboro
*R. C. Daniel.....	Southport	*B. R. Morrison.....	Wilmington
*J. H. Dreher.....	Wilmington	W. E. Murphrey.....	Roanoke Rapids
*D. W. Dudley.....	Kinston	H. E. Nixon.....	Elizabeth City
*J. F. Duke.....	Washington	J. A. Oldham.....	Wilmington
*L. J. Dupree.....	Kinston	*W. T. Oliver.....	Rocky Mount
A. C. Early.....	Aulander	*G. L. Overman.....	Goldsboro
*C. D. Eatman.....	Rocky Mount	William Parker.....	Elizabeth City
E. L. Eatman.....	Rocky Mount	*Z. V. Parker.....	New Bern
J. R. Edmundson.....	Wilson	*G. E. Pigford.....	Wilmington
*Z. L. Edwards.....	Washington	*J. G. Poole.....	Kinston
*D. J. Eure.....	Morehead City	*S. D. Poole.....	Goldsboro
*P. Fitzgerald.....	Greenville	*C. G. Powell.....	Ahoskie
*M. A. Garriss.....	Margarettsville	*J. B. Powell, Jr. ....	Ahoskie
C. H. Geddie.....	Goldsboro	*G. W. Price.....	Kinston
E. C. Grady.....	Elm City	*W. T. Ralph.....	Belhaven
S. W. Gregory.....	Elizabeth City	*C. R. Riddick.....	Ayden
W. S. Griffin.....	Edenton	*A. M. Schultz.....	Greenville
*W. L. Hand.....	New Bern	*J. C. Smith.....	Wilmington
M. M. Harris.....	Elizabeth City	*J. H. Smith.....	Wilmington
W. I. Hart.....	Edenton	*W. T. Smith.....	Wilmington
Oscar Hooks.....	Wilson	T. W. Smithson.....	Rocky Mount
*R. F. Hunt.....	Rocky Mount	*Herbert Spear.....	Kinston
*A. T. Jeanette.....	Washington	*J. L. Spencer.....	Williamston
*B. McK. Johnson.....	Greenville	*J. W. Stanley.....	Wilmington
C. B. Johnson.....	New Bern	E. W. Tatum.....	Mount Olive
*J. N. Johnson.....	Goldsboro	*C. A. Thomas.....	Wilmington
W. H. Johnson.....	Plymouth	*J. E. L. Thomas.....	Tarboro
*P. E. Jones.....	Farmville	H. K. Thompson.....	Wilmington
*Dennis Keel.....	Farmville	*R. L. Tomlinson.....	Wilson
*H. L. Keith.....	Wilmington		

\*Attended the 1936 meeting.

J. V. Turner.....	Wilson	*R. L. Whitehurst.....	Rocky Mount
W. J. Ward.....	Weldon	R. A. Wilkins.....	Mount Olive
W. M. Ward.....	Roanoke Rapids	R. E. Williams.....	Goldsboro
*E. R. Warren.....	Goldsboro	*O. L. Wilson.....	Kinston
Ramsey Weathersbee.....	Wilmington	*A. L. Wooten.....	Greenville
*H. E. Weeks.....	Tarboro	J. H. Yelverton.....	Wilson
J. F. West.....	Roanoke Rapids	W. H. Young.....	Burgaw
J. H. White.....	Elizabeth City	*J. W. Zachary.....	Hertford
*A. P. Whitehead.....	Rocky Mount	*C. V. Zibelin.....	Wallace

\*Attended the 1936 meeting.

*The above list corrected to June 25, 1936.*

### DENTISTS LICENSED TO PRACTICE IN NORTH CAROLINA AT THE OFFICIAL EXAMINATION HELD JUNE, 1936

Abernethy, George S.....	509 18th Street, Hickory, N. C.
Caudle, James N.....	26 Maple Avenue, Reidsville, N. C.
Davenport, William M.....	Ingalls, N. C.
Drum, Borden C.....	Newton, N. C.
Evans, Marvin R.....	Clemmons, N. C.
Inman, Byron W.....	R. 5, Mount Airy, N. C.
Johnston, Charles D., Jr.....	Elon College, N. C.
Lindsay, Worrell K.....	1105 Arsenal Avenue, Fayetteville, N. C.
Meroney, William F. (col).....	Liberty Hotel, Atlantic City, N. J.
Minges, Coyte R.....	Rocky Mount, N. C.
Oliver, Otis.....	3404 Park Ave., Richmond, Va.
Owen, Ollin W.....	809 Medical Arts Bldg., Nashville, Tenn.
Owings, James R.....	Gray Court, S. C.
Parker, William H.....	105 Palmer Ave., Lenoir, N. C.
Phillips, Anton A.....	102 Logan Court, Raleigh, N. C.
Sams, Roy B.....	Mars Hill, N. C.
Schecter, Aaron F.....	1666 Montgomery Avenue, New York, N. Y.
Sloop, William M.....	Crossnore, N. C.
Stallings, D. I.....	R. 2, Castalia, N. C.
Turner, Ludlow R.....	Apex, N. C.
Woodall, DeW. C.....	Benson, N. C.

### ROLL OF LIFE MEMBERS, BY VIRTUE OF HAVING PAID DUES FOR TWENTY-FIVE CONSECUTIVE YEARS

#### FIRST DISTRICT

L. P. Baker.....	Kings Mountain
H. H. Carson.....	Hendersonville
F. L. Hunt.....	Asheville
J. B. Little.....	Hickory
D. E. McConnell.....	Gastonia
J. R. Osborne.....	Shelby
J. M. Parker.....	Asheville
I. R. Self.....	Lincolnton
J. A. Sinclair.....	Asheville

SECOND DISTRICT

J. E. Banner.....	Mount Airy
J. D. Carlton.....	Salisbury
E. G. Click.....	Elkin
W. J. Conrad.....	Winston-Salem
H. C. Daniel.....	Salisbury
H. C. Henderson.....	Charlotte
P. E. Horton.....	Winston-Salem
J. G. Marler.....	Yadkinville
J. M. Neel.....	Salisbury
R. L. Ramsey.....	Salisbury
W. M. Robey.....	Charlotte
C. F. Smithson.....	Charlotte
J. C. Watkins.....	Winston-Salem

THIRD DISTRICT

J. S. Betts.....	Greensboro
W. F. Clayton.....	High Point
N. T. Holland.....	Durham
C. T. Lipscombe.....	Greensboro
D. K. Lockhart.....	Durham
R. T. Nichols.....	Rockingham
C. P. Norris.....	Durham
E. E. Richardson.....	Leaksville
E. W. Shackelford.....	Durham
L. T. Smith.....	Reidsville
J. S. Spurgeon.....	Hillsboro
E. J. Tucker.....	Roxboro
J. S. Wells.....	Reidsville
J. H. Wheeler.....	Greensboro

FOURTH DISTRICT

R. T. Allen.....	Lumberton
N. G. Carroll.....	Raleigh
A. S. Cromartie.....	Fayetteville
I. H. Davis.....	Oxford
A. H. Fleming.....	Louisburg
J. Martin Fleming.....	Raleigh
E. B. Howle.....	Raleigh
J. H. Judd.....	Fayetteville
F. W. McCracken.....	Sanford
W. T. Martin.....	Raleigh
R. M. Squires.....	Wake Forest
R. W. Stephens.....	Apex
S. R. Watson.....	Henderson

FIFTH DISTRICT

O. J. Bender.....	Jacksonville
J. H. Dreher.....	Wilmington
J. R. Edmundson.....	Wilson
Oscar Hooks.....	Wilson
J. N. Johnson.....	Goldsboro
Paul E. Jones.....	Farmville

H. L. Keith.....	Wilmington
S. E. Malone.....	Goldsboro
W. T. Smith.....	Wilmington
J. W. Stanley.....	Wilmington
J. H. White.....	Elizabeth City
J. H. Yelverton.....	Wilson

## INACTIVE LIST

L. V. Henderson.....	Virginia
J. S. Hoffman.....	Charlotte
W. F. Maderis.....	Charlotte
P. L. Pearson.....	Apex

## PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

1875-76.....	*B. F. Arrington	1906-07.....	J. R. Osborne
1876-77.....	*V. E. Turner	1907-08.....	*D. L. James
1877-78.....	*J. W. Hunter	1908-09.....	F. L. Hunt
1878-79.....	*E. L. Hunter	1909-10.....	J. C. Watkins
1879-80.....	*D. E. Everett	1910-11.....	A. H. Fleming
1880-81.....	*Isaiah Simpson	1911-12.....	P. E. Horton
1881-82.....	*M. A. Bland	1912-13.....	*R. G. Sherrill
1882-83.....	*J. F. Griffith	1913-14.....	C. F. Smithson
1883-84.....	*W. H. Hoffman	1914-15.....	J. A. Sinclair
1884-85.....	*J. H. Durham	1915-16.....	I. H. Davis
1885-86.....	*J. E. Matthews	1916-17.....	*R. O. Apple
1886-87.....	*B. H. Douglas	1917-18.....	R. M. Squires
1887-88.....	*T. M. Hunter	1918-19.....	J. N. Johnson
1888-89.....	*V. E. Turner	1919-20.....	W. T. Martin
1889-90.....	*S. P. Hilliard	1920-21.....	J. H. Judd
1890-91.....	H. C. Herring	1921-22.....	W. M. Robey
1891-92.....	*C. L. Alexander	1922-23.....	S. R. Horton
1892-93.....	*F. S. Harris	1923-24.....	*R. M. Morrow
1893-94.....	*C. A. Rominger	1924-25.....	J. A. McClung
1894-95.....	*H. D. Harper	1925-26.....	H. O. Lineberger
1895-96.....	*R. H. Jones	1926-27.....	B. F. Hall
1896-97.....	*J. E. Wyche	1927-28.....	E. B. Howle
1897-98.....	*H. V. Horton	1928-29.....	I. R. Self
1898-99.....	C. W. Banner	1929-30.....	J. H. Wheeler
1899-1900.....	*A. C. Liverman	1930-31.....	Paul E. Jones
1900-01.....	E. J. Tucker	1931-32.....	Dennis Keel
1901-02.....	J. S. Spurgeon	1932-33.....	Wilbert Jackson
1902-03.....	*J. H. Benton	1933-34.....	Ernest A. Branch
1903-04.....	J. M. Fleming	1934-35.....	L. M. Edwards
1904-05.....	*W. B. Ramsey	1935-36.....	Z. L. Edwards
1905-06.....	J. S. Betts	1936-37.....	D. L. Pridgen

\*Deceased.

## HONORARY MEMBERS

Austin, J. L.....	Chattanooga, Tenn.
Bear, Harry.....	Richmond, Va.
Bland, C. A.....	Charlotte, N. C.
Bogle, R. B.....	Nashville, Tenn.

Byrnes, R. R.....	Atlanta Southern Dental College, Atlanta, Ga.
Callahan, P. E.....	McRae, Ga.
Cason, W. L.....	Athens, Ga.
Collins, Clara C. ....	Atlanta, Ga.
Cooper, George M.....	Raleigh, N. C.
Cuthbertson, C. W.....	Washington, D. C.
Dale, J. A.....	Nashville, Tenn.
Eby, Joseph D.....	54 East 62nd St., New York City
Foster, S. W.....	Atlanta Southern Dental College, Atlanta, Ga.
Goldberg, E. H.....	Bennettsville, S. C.
Gorman, J. A.....	New Orleans, La.
Hardin, W. R.....	U. S. P. H., Atlanta, Ga.
Harrison, G. R.....	Richmond, Va.
Hartzell, Thomas B.....	716 Donaldson Bldg., Minneapolis, Minn.
Hill, Thomas J.....	Cleveland, Ohio
Howard, Clinton C.....	Atlanta, Ga.
Howe, Percy R.....	Boston, Mass.
Huff, M. D.....	Candler Bldg., Atlanta, Ga.
Hughes, C. N.....	Grant Bldg., Atlanta, Ga.
Johnson, H. H.....	Macon, Ga.
Kelsey, H. L.....	Baltimore, Md.
King, Otto U.....	5 N. Wabash Ave., Chicago, Ill.
Lambert, W. E.....	Atlanta, Ga.
Maves, T. W.....	501 Donaldson Bldg., Minneapolis, Minn.
Malone, R. W.....	U. S. Navy
Milner, H. A.....	Aiken, S. C.
Moore, S. W.....	Baltimore, Md.
Neil, Ewell.....	Doctor's Bldg., Nashville, Tenn.
Netherlands, Frank.....	Asheville, N. C.
Nodine, Alonzo M.....	London
Price, Weston A.....	8926 Euclid Ave., Cleveland, Ohio
Quattlebaum, E. G.....	Columbia, S. C.
Rickert, U. Garfield.....	Ann Arbor, Mich.
Ruhl, J. P.....	New York, N. Y.
Russell, A. Y.....	University of Maryland, Baltimore, Md.
Rutledge, B.....	Florence, S. C.
Sheffield, L. Langdon.....	Toledo, Ohio
Simpson, R. L.....	Richmond, Va.
Summerman, D. H.....	Philadelphia, Pa.
Smith, A. E.....	Chicago, Ill.
Spratley, W. W.....	Richmond, Va.
Star, E. L.....	Philadelphia, Pa.
Stevenson, Albert H.....	376 5th Ave., New York, N. Y.
Stewart, H. T.....	New York, N. Y.
Stone, A. E.....	Philadelphia, Pa.
Strickland, A. C.....	Anderson, S. C.
Tench, R. W.....	New York, N. Y.
Thompson, Webb.....	Spartanburg, S. C.
Tileson, H. B.....	Louisville, Ky.
Turner, C. R.....	University of Pennsylvania, Philadelphia, Pa.
Visanska, S. A.....	Atlanta, Ga.
Whitaker, J. D.....	Indianapolis, Ind.
White, J. A.....	Williamston, N. C.
Wooding, C. E.....	Winston-Salem, N. C.
Wright, John B.....	Raleigh, N. C.







# THE BULLETIN OF The North Carolina Dental Society



*"Nurture your mind with great thoughts. To  
believe in the heroic makes heroes."*—DISRAELI.

OCTOBER, 1936

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Vol. 20

RALEIGH, N. C.

No. 2

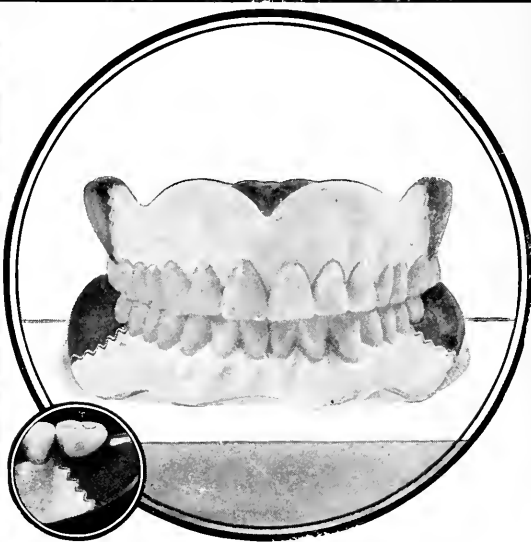
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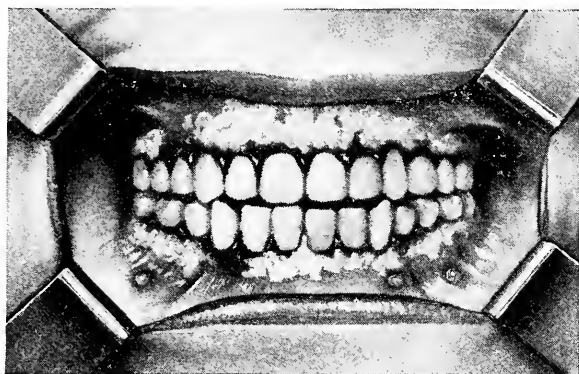
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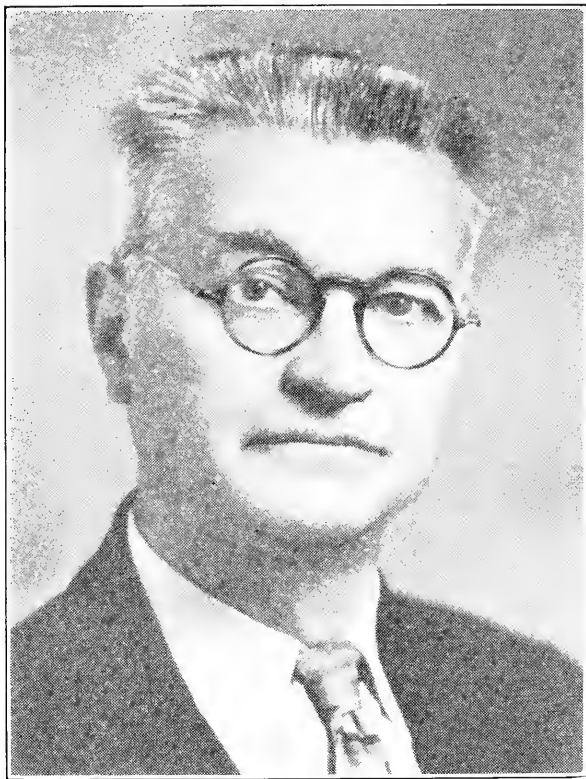
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TO

DR. R. M. SQUIRES

*for his many years of faithful and efficient service to his  
community and to his profession. We recognize a fine  
Christian character, who has responded graciously  
to the many demands made upon him.*

# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

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VOL. 20

OCTOBER, 1936

No. 2

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Entered as second-class matter as a quarterly September 26, 1931, at the post office,  
Raleigh, N. C., under Act of August 24, 1912.

Subscription per year .....\$1.00

### OFFICERS 1936-37

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DR. J. F. REECE, President-Elect ..... Lenoir  
DR. E. M. MEDLIN, Vice-President ..... Aberdeen  
DR. FRANK O. ALFORD, Secretary-Treasurer..... Charlotte

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DR. C. M. PARKS (1938)..... Winston-Salem

### EDITOR-PUBLISHER

DR. G. FRED HALE ..... Raleigh

---

## RECENT GRADUATES

The Bulletin takes this opportunity to welcome into the North Carolina Dental Society those who successfully passed the State Board in June.

Within this organization you will find friendships of lasting value—men who will stand by you and help you over the rough spots.

You will find an opportunity to broaden your knowledge and make yourself generally more useful to your community and to your State.

You will have impressed upon you, what you learned in the Dental College, that your first consideration is the patient's welfare—all other things are subordinated thereto.

May you have in your Profession a long, useful, and successful career. Render the finest service that is humanly possible under the existing circumstances.

Call on the officers and members of the North Carolina Dental Society for any needed information or service. Identify yourself with your District Society and take an active part in its affairs.

We welcome you into our membership—live long, honorably, and well.

## EXTENSION COURSE

You will find elsewhere in the Bulletin pertinent and sufficient data with reference to the proposed Extension Course to be put on by the University of North Carolina in coöperation with the North Carolina Dental Society. Read this article carefully and then reread it.

This is one of the forward steps in post-graduate education and will be of inestimable value to us individually and collectively. Think of it! Talk about it! Work for it! The best is none too good for the people whom you serve. Keep abreast. It takes energy, effort, and time, but it pays handsome dividends in the consciousness that you are using every available means to make yourself more valuable.

---

## DENTAL RELIEF FUND

North Carolina did not do so well last year in contributing to the Dental Relief Fund of the American Dental Association. The cause is worthy and it is to be hoped that when you get your stamps this Christmas you will make a contribution to this fund, established for the relief of those in our profession who have met misfortune. Our intentions are good but we have a habit of neglecting and then finally forgetting.

The Raleigh Dental Society has for a number of years, at its December meeting, contributed 100 per cent to this fund. Can't we make it State-wide?

---

## EXPLANATION

You have probably wondered why the Proceedings have not been published and distributed. In some instances it was necessary for our visiting clinicians to completely rewrite their lectures, in view of the fact that they presented their material by lantern slides. It was impossible to illustrate their lectures, so they were good enough to rework the subject matter and return it for publication in an excellent manner. All of this took time, but within the next week or so the Proceedings will be mailed. The delay is regretted but unavoidable.

---

## ORAL HEALTH EDUCATION

It occurs to us that the Oral Hygiene Division of the State Board of Health is doing a most commendable work in educating the youth of North Carolina in this vital subject of Oral Hygiene. The Department has now eighteen white and four colored dentists on its staff and for the

school year 1935-36 gave 2,077 lectures, attended by 111,376 children. It is impossible to estimate the value of this work on the future health of our people. It is preventative medicine in one of its finest forms—educating these children to the value of hygiene and demonstrating focal infection and its sequelæ.

It takes time, effort, and money. Dr. Branch and his staff are giving the time and effort and the State, counties, and Federal Government the money. The North Carolina Dental Society gives it moral support, time, and encouragement.

This fine work has brought favorable comment and many inquiries from sections all over the United States and some foreign countries.

Another outstanding achievement for the year 1935-36 was the arranging for a course of Public Health Dentistry in the Division of Public Health at the University of North Carolina. That course opened on May 25th and was attended by sixteen white dentists on the staff. This, so far as we know, is the first and only school to prepare dentists for Public Health work.

This Division of Oral Hygiene of the State Board of Health is just one of the several divisions of our Health Department which is doing so much for the people of our State.

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## PERSONAL NEWS SECTION

We are very anxious to build up a section of "personal news." It would be a good way to keep up with our many friends in the profession. Every member is asked to contribute some personal item about some dentist—some achievement, honor, selection, marriages, births, deaths, and such information. Just drop the editor a card and it will appear in the following Bulletin. Don't put it off, do it now.

---

"Great causes are never tried on their merits, but the cause is reduced to particulars to suit the size of the partisans, and the contention is ever hottest on minor matters."

—EMERSON.

\* \* \*

"There are two distinct classes of men: First, those who work at enlarging the boundaries of knowledge, and secondly, those who apply that knowledge to useful ends."

—ROBERT W. VONBUNSEN.

\* \* \*

"The value of professional organization is not simply in bringing together the great, the good, and the wise, to exchange congratulations upon what the few know more than the many; but in that the many may

meet the few, and that knowledge, culture, and refinement, and a true professional spirit may be more widely diffused and better appreciated. Greatness is attained by the acquisition of knowledge. Honor is accorded to those who impart their knowledge, the most freely . . ."

—DR. THOMAS FILLEBROWN.

\* \* \*

Help the other fellow.

No one is useless in this world who lightens the burden of it to anyone else.

—DICKENS.

\* \* \*

"Four types of men are needed in every profession. Men who can talk; men who can think; men who can write; and men who can do."

\* \* \*

About 238,000 people die yearly of heart disease in the United States. A disease of such universal occurrence is of particular importance to dentists.

\* \* \*

"Education is Revelation coming to the individual man; and revelation is education which has come, and is yet coming to the human race."

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## THE PRESIDENT'S PAGE

The usual summer lull in the activities of the North Carolina Dental Society is over. With the coming of the fall months, we once again make preparations to resume our course.

During the past few years, we have sailed rather tempestuous and sometimes uncharted seas; but somehow the old ship has managed to weather the storms and keep steadily on her journey. In danger at times—yes; but by cool-headed navigation, through the knowledge and ability of the captain, the zeal and wholehearted coöperation of the crew, disaster has been averted.

Now, the clouds are lifting and we approach a brighter day. The economists of the country forecast better times and smoother sailing. Through the hardships which we have endured, through the knowledge and experience gained, we should be able to cover a greater course and accomplish greater things. Not being faced with the necessity of fighting the storms and other destructive elements, we shall have more time for the consideration and attainment of our prime objectives.

We shall soon weigh anchor and get under way with the meetings of our district societies, which begin this month. Their officers and committees have been busy for some time working out plans for their programs; and advance information indicates that they will be better this year than ever. To the men who are laboring to make these meetings

attractive, let us show our appreciation by attending; for, by so doing, theirs will be the pleasure and ours the gain; and the voyage will be profitable to all.

D. L. PRIDGEN.

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### ATTEND YOUR DISTRICT SOCIETY

Once again it is time for the meetings of our District Societies. Why should we not have the best attendance in years, or make a new high, the greatest ever? Our program committees have worked hard and promise us clinicians of the highest type. Questions of great importance to our State Society will be up for consideration, such as the possibilities of reviving the plan of conducting post-graduate lectures and clinics in coöperation with the University of North Carolina Extension Division. The depression is a thing of the past, and there is no reason why we should not come together and profit by instructions to be received, to say nothing of the fellowship that is always ours.

What about the ethical dentist who is your neighbor and has not yet become a member of the District and State Society, or has at one time been a member and has lapsed? Now is a good time to contact him and by your interest compel him to come with us. They need all there is to be found in our Society and we need them. As chairman of our membership committee, let me urge everyone to try to enlist those that are not members and see that they attend.

Looking forward with great pleasure to seeing everyone at our meetings.

J. F. REECE,

*Chairman of Membership Committee.*

---

W. F. BELL,  
RALPH JARRETT,  
JOHN WHEELER,  
PAUL FITZGERALD.

*Gentlemen of the Extension Course Committee:*

Mr. Grumman, director of the Extension Course Department of the University, has received over one hundred replies to the questionnaire which he sent out last week concerning the proposed post-graduate study course. This is a most unusual response (20%) and indicates considerable interest in the project. This questionnaire was sent out under the assumption that the course would be put on as formerly. Please bear in mind when considering the following tabulation of the returns and in considering the plan which I shall offer.

## TABULATION

*Distribution of those interested:*

First Dist.	Second Dist.	Third Dist.	Fourth Dist.	Fifth Dist.
13	22	22	18	26

*Choice of Subjects:*

Gold Inlays	Plates	Oral Surgery	X-ray	Riggs'
43	57	61	10	14

Other subjects mentioned: Root Canal Therapy, Children's Dentistry, Diagnosis, Ceramics, Orthodontia, Exodontia, Crown and Bridge, Diseases of Oral Cavity, Office Management and Business; Anæsthesia, Cavity Preparation, Pathology, Preventative Dentistry, Dental Education, Partial Dentures, Porcelain Jacket and Foil.

Clinicians mentioned: Tracy, N. Y. (Inlays); Tench, N. Y. (Plates); Ivey, Phila. (Oral Surgery). Please suggest others.

Number of lectures suggested: Six.

Time of lectures: Majority favor spring.

Interval between lectures: One week, 21. Two weeks, 39. One month, 28.

The course would be put on in the same manner as formerly, namely, our committee, after obtaining the reaction of the dentists at the various District Meetings, would decide upon subjects to be presented. These would be turned over to Mr. Grumman, along with the names of clinicians, who will also be selected by our committee. Mr. Grumman will contact the clinicians and make all arrangements for putting on the course. Each clinician would probably follow much the same routine as heretofore. A representative of the Extension Department would meet him on his arrival in the State and accompany him or place an automobile at his disposal so that he might give a lecture at some central point in each District in turn, during five consecutive days, beginning Monday and ending Friday. All lectures will probably be held at night, about 7:00 o'clock p.m. All details, such as the selection of meeting places, providing of lanterns, collection of fees, disbursements, etc., will be arranged by the Extension Department.

The fee will depend upon the number of dentists who take the course. I do not believe that we can interest more than about one hundred of our members in the course carried out in this manner. The cost would consequently be approximately thirty (\$30.00) dollars each for the six-lecture course.

I wish, therefore, to offer a second plan which I submit to you for your approval or criticism. This plan, I feel, will create interest in the course and at the same time aid us in developing clinicians and lecturers

in our own organization. I believe that we can interest at least three hundred of our members in this plan, which would bring the cost of the course to around eight (\$8.00) dollars for each individual. The plan which is approved by Mr. Grumman is as follows:

A four-lecture course—the lectures to be held during the first week in April, 1937, July, 1937, October, 1937, and January, 1938, respectively, and to be held, so far as the University Extension Department is concerned, as above outlined.

Members signing up for course from each district will be divided geographically into five groups, so that no one will be compelled to drive over twenty miles to attend a group meeting. The idea is to have the lecturer who is to appear on April 1 forward to us a series of questions relative to the subject matter of his paper (not questions which he himself will answer, but questions which will lay a foundation which will aid the prospective student to better grasp the full scope of the paper to come). These questions will be mailed to each of the twenty-five groups throughout the State (five to each district).

The members of each group will organize, with the aid of the State Committeeman for their District, and select, from their own group, a chairman and group lecturers. It will be the duty of said lecturers to prepare papers using the questions prepared by the major clinician as a guide and basis. One paper is to be presented at each group meeting, which will be held about February 1, 1937, at a center to be selected by said group. The first lecturers will be given about three months for preparation of their papers. Others, coming on later, will have more time.

Another similar paper will be prepared and presented to each group about March 1, 1937. Thus, by March everyone taking the course will have had two lectures preparatory to the main lecture to be presented April 1. Similarly, two lectures will be held May 1, and June 1, in preparation for the July 1 lecture.

The same routine will be followed regarding the October 1 and January 1, 1938, lectures.

There can be no question as to the good that can be derived from this organization of our State Society for study. There can be no question as to the value of these preparatory clinics in assisting us to a clearer and more complete comprehension of the subject matter of our major clinics to be given quarterly.

As to developing clinicians in our own organization, twenty-five members of the North Carolina Dental Society will be called upon to present papers on February 1. Twenty-five more will come up on March 1, making fifty for that quarter and a like fifty for each remaining quarter, making two hundred members of the North Carolina Dental Society who will lecture during the first year.

At these monthly meetings other questions than the main issue will be asked and discussed at a subsequent meeting. Practical cases may be discussed, particularly as regards types of bridge work and designing of partials.

If and when we tire of our own group lecturers, we can trade with a neighboring group.

Such a plan will necessitate careful organization and a lot of hard work, but that is why Pridgen asked us to take the job. I see no reason why this should not go over.

This outline does not cover details, but I hope I've said enough to explain my idea.

With your approval, both plans will be presented at the District Meetings.

Good luck and best wishes.

Sincerely yours,  
E. B. HOWLE,  
*Chairman.*

---

### DENTISTS, BEWARE!

A racket has sprung up in this State of procuring money from members of the dental profession by women who claim to be relatives of some brother dentist. Their usual "spiel" is that their car has broken down and that they are short of funds.

They profit by the fact that we are loyal to one another. We would often rather be fooled than to turn down the relative of our friends. But it has become such a racket that we should be suspicious of all similar requests. Call up over long distance and verify the claim of kinship, and thus protect yourself and our profession. That will put a stop to it at once—and we owe it to one another.

---

### ABSTRACT FROM PRESENT ECONOMIC STATUS AND FUTURE TRENDS IN DENTISTRY

By HARRY M. MOSS, D.D.S., Chairman.

Socio-Economics Committee, First District Dental Society, N. Y.

Countless influences are conspiring to keep patients from the office of the private practitioner. For one to believe his position impregnable, his practice so constituted that these economic influences cannot affect him is the height of short-sightedness.

We shall here mention only a partial list of the facts responsible for empty reception rooms and emptier pockets. It is impossible to avoid the conclusion that some if not all of these must ultimately affect everyone.

(1) Unemployment. (2) Reduced income of public. (3) Contract practice. (4) Failure to educate the public to the true importance of dental health care. (5) Easy access to clinics by those able to afford private treatment. (6) Willingness of the profession to treat the underserving gratis. (7) The growing attitude on the part of the public that professions must supply health service, regardless of the ability to pay for it. (8) A lessening reluctance on the part of the public to seek institutional care. (9) Lethargy and ignorance of the profession as to the true economic state of affairs, and the willingness to let a few officers of their society assume a burden all should share. (10) Governmental paternalism as represented by such cases as War Veterans and other governmental legislation. (11) Over-concentration of dentists in large communities. (12) The belief of the public that dental fees are prohibitive.

Some of the foregoing factors may be attributed to general social conditions which are beyond our power to rectify. Others are consequences of our own unbelievable apathy and lack of vision. It has been truly said that once a patient overcomes the reluctance of a first visit to a clinic, or accepts governmental aid, he is lost for all time to private practice. While the colleges continue to churn out more and more dentists, the number of patients seeking private care is rapidly diminishing.—NEW YORK JOURNAL OF DENTISTRY, March, 1936.

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### NEW DENTAL HEALTH CHARTS

The Bureau of Public Relations, American Dental Association, has prepared a new set of eight dental health educational charts for association members. (See page A-32, Sept., 1936, issue, Journal, A. D. A.)

Each 22x29-inch chart is illustrated with one large and five small drawings. The text has been reduced to a minimum consistent with clarity. The five color illustrations are both artistic and accurate. Printed on 100 pound paper, the eight charts are spirally bound into one complete unit.

The subjects covered are: The teeth; the deciduous teeth; the permanent teeth; diet and teeth; dental care; mouth hygiene; preventing decay of the deciduous teeth; preventing decay of the permanent teeth.

Price—\$1.00 per set. In sets of ten, 90c per set; in sets of twenty-five, 85c per set; in sets of fifty, 75c per set; in sets of one hundred, 60c per set. It is suggested that members pool their orders and thereby take advantage of the lower prices.

Every school and dental office in the country should own a set of these charts.

Sincerely yours,

BUREAU OF PUBLIC RELATIONS,

By LON W. MORREY, D.D.S., *Supervisor.*

## LOCAL SOCIETIES

---

### CHARLOTTE DENTAL SOCIETY

The Charlotte Dental Society has launched an active year for 1936-37. Programs have been planned for the year; a chairman elected for each, who is responsible for the speaker, etc. These programs have been worked out to attempt to give a well rounded study for the year. The members of the Society are showing wonderful interest and coöperation in carrying out these plans.

We have published three issues of "The Charlotte Dental Society News," and plan to publish this monthly throughout the year. Copies are sent to all dentists all over North and South Carolina. This paper hopes to be of help to the members of the Society, and stimulate interest in the unenlisted man.

If the efforts put forth by the Charlotte Dental Society can be of any help or service to the profession as a whole they will not have been in vain. There is meaning in the old saying, "United we stand, divided we fall." There is much to be gained when men in the profession can meet together, exchange ideas, and study together for the ultimate good of all. One cannot lose sight of his high calling, and it seems to give a vision of bigger and better things for Dentistry. This vision is necessary if we are to carry on in a way that will be creditable to the profession.

We hope for a successful year in Charlotte Dental Society. Again we would like to invite you to come to some of our meetings and help to make them worth while to all of us.

A. S. BURGARDNER, D.D.S., *President,*  
*Charlotte Dental Society.*

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### GUILFORD COUNTY DENTAL SOCIETY

The Guilford County Dental Society held its first fall meeting, following our customary vacation of the summer months, at the King Cotton Hotel in Greensboro, Tuesday evening, September 29. A very interesting paper was presented by Dr. S. D. Kent, of Danville, Virginia, and Dr. J. K. Levie, of Korea, gave a very interesting account of his experience in Dentistry among the people of Korea.

We have in the county forty-five dentists and only eight of this number are still out of the local society. Our goal for this year is to enlist every dentist in the county as an active member.

The Program Committee is outlining very interesting programs for the remainder of the year and we hope to secure some outstanding clinicians and essayists for the meetings.

Our society will be host this fall to the Third District meeting, which will be held in High Point. I understand that the Program Committee is arranging a fine program, and I am sure that we will have a great meeting.

As host, we extend a most cordial invitation, not only to every member of the Third District, but to every member of the North Carolina Dental Society.

J. EDGAR HOLT, *President*,  
*Guilford County Dental Society.*

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## ROCKY MOUNT DENTAL SOCIETY

Dr. Luther Whitehurst is President of our local society, with Dr. Charles Eatman as Vice-President. We have ten dentists in Rocky Mount, all in good standing with the local and State societies.

The Rocky Mount Dental Society meets monthly, rotating from office to office until all have been visited. The host at each meeting is expected to render a paper, discuss a paper, give a clinic of some nature, or show some unusual case. The society has a minimum price list for all dental operations. All dental offices are closed on Thursday afternoons; however, provisions are made for a different man to stay in his office to take care of any emergency. Under this system a dentist only has to work one Thursday in even ten weeks.

\* \* \*

Drs. Charles and Ed Eatman spent part of their vacation at Virginia Beach. They are both active in the social life of the city. Charles, at the present time, is busy with his interest in The Little Theatre Players.

\* \* \*

Dr. W. T. Oliver was too busy for a vacation (*Dogs, not practice*). He owns a pair of Boston Bulls and is attempting to raise some pups this fall. With a new wife, home, garden, and dogs he spent a very enjoyable vacation in Rocky Mount.

\* \* \*

Dr. Luther Whitehurst has recently refinished his office. He also installed new equipment and has perhaps as neat an office as any in Eastern North Carolina. He has the prettiest and most efficient assistant we know of—his wife.

\* \* \*

Dr. Fred Hunt, as usual, is quite busy with a very active practice, two children, and a new home in Edgemont Park.

Dr. A. P. Whitehead and his wife of a few months are making their home at 1404 Sunset Avenue.

\* \* \*

Dr. Clyde Minges could not see enough baseball in Rocky Mount during the summer months. He is now attending the World Series. We are anxious to hear what he has to say about the series, the American Dental Association in California, and his bird dogs. You can believe everything he has to say about the series and the West Coast. He does have some pretty dogs.

\* \* \*

Dr. Bone is still trying to be a better golfer than Dr. Smithson. You can find him any Thursday afternoon on the Country Club course.

\* \* \*

Dr. Tom Smithson has the honor of being both the oldest and youngest dentist in the society. He is the oldest, if he will tell his age, and he is the youngest when you consider his activities. We know of nothing that he is not interested in.

Yours very truly,

WILLIAM T. OLIVER,  
*Secretary and Treasurer.*

---

### FORSYTH COUNTY DENTAL SOCIETY

The Forsyth County Dental Society has had an increased interest shown by the members and a big improvement in the attendance throughout the year. We think this is due to the programs, which consisted of discussions, such as esthetics, full denture construction, and a clinic on porcelain jacket crowns.

Our next meeting will be held as usual in the private dining room of the Reynolds Grill, October 9. Our program will be given by Dr. Phin Horton, his subject will be Electro-Surgical Treatment for Pyro-alveolaris.

CARL A. BARKLEY, *Secretary.*  
*Forsyth County Dental Society.*

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### RALEIGH DENTAL SOCIETY

It is a custom of many years for our opening fall meeting to be a barbecue with Drs. J. Martin Fleming and S. Robert Horton as hosts. An added host this year was Dr. Clifford Abernethy.

We meet the first Monday night in each month at 6:00, three members acting as hosts. Any member of the North Carolina Dental Society is cordially invited to join us at any time he may be able.

Raleigh is completing a new hospital and the Raleigh Dental Society has underwritten the equipping of the operating room for oral surgery. It is something that has been badly needed in our city for some time. Adequate hospital service for oral surgery has been our dream for years.

The Fourth District Society will meet here on the evening of October 14th and the 15th, and it is Fair Week, too. A good time for everybody—come on.

**For moderate priced  
castings of yellow gold**

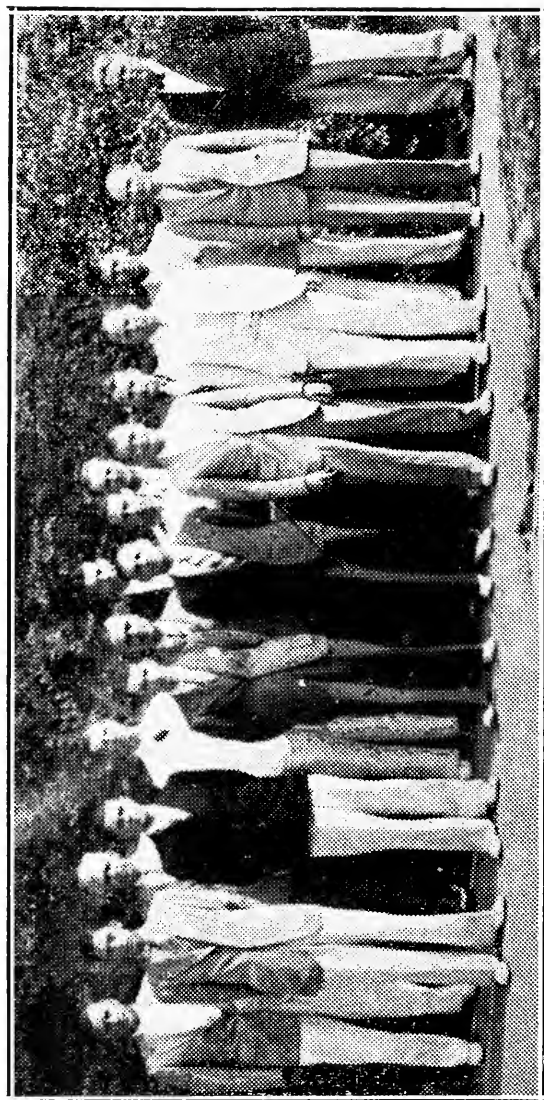
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Summer in School of Public Health, University of North Carolina.



Reading from left to right: Dr. A. J. Pringle, Dr. C. W. Stevens, Dr. D. W. Dudley, Dr. Gates Mc-  
Kaughan, Dr. W. L. Farrell, Dr. C. J. Goodwin, Dr. J. M. Cheek, Dr. W. L. Woodard, Dr. A. H. Cash,  
Dr. Robert Byrd, Dr. A. D. Underwood, Dr. Carl N. Moore, Dr. A. C. Early, Dr. Robert Masten, Dr.  
H. E. Butler, Dr. L. E. Buie, Dr. Ernest A. Branch, Director.

## DISTRICT SOCIETIES

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President-Elect.....	DR. S. P. GAY, Waynesville
Vice-President.....	DR. S. E. MOSER, Gastonia
Secretary-Treasurer.....	DR. C. S. MCCALL, Forest City
Editor.....	DR. DAVID ABERNETHY, Hickory

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President-Elect.....	DR. J. P. BINGHAM, Lexington
Vice-President.....	DR. D. W. HOLCOMB, Winston-Salem
Secretary-Treasurer.....	DR. W. C. CURRENT, Statesville
Editor.....	DR. D. B. MIZELL, Charlotte

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Vice-President.....	DR. CARL NORRIS, Durham
Secretary-Treasurer.....	DR. C. A. GRAHAM, Ramseur
Editor.....	DR. D. T. CARR, Durham

### FOURTH DISTRICT

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President-Elect.....	DR. L. J. MOORE, St. Pauls
Vice-President.....	DR. R. S. JONES, Warrenton
Secretary-Treasurer.....	DR. E. L. SMITH, Raleigh
Editor.....	DR. R. M. SQUIRES, Wake Forest

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Secretary-Treasurer.....	DR. A. T. JENNETTE, Washington
Editor.....	DR. WALLACE S. GRIFFIN, Edenton

### DISTRICT SOCIETY MEETINGS

First District—October 19.....	Asheville
Second District—October 12-13.....	Statesville
Third District—November 3-4.....	High Point
Fourth District—October 14-15.....	Raleigh
Fifth District—October 26.....	Kinston

## FIRST DISTRICT

Dr. N. P. Maddux entertained the dentists of Asheville and vicinity with a dinner at his hunting lodge, Hoot Owl Hollow Shack, on Thursday, September 24. Before consuming much corn on the cob, target practice was enjoyed. What transpired after dinner is a deep, dark secret. About twenty-five dentists attended and good fellowship prevailed.

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The outstanding speakers for the First District Dental Society meeting, to be held October 19 in Asheville, N. C., at the George Vanderbilt Hotel, are:

Dr. C. W. Hoffer, of Nashville, Tennessee, who will speak on "Conservative Gum Resection in the Treatment of Advanced Periodontic Pockets." And also, "Opening the Bite." Dr. Hoffer presented these subjects before the National at New Orleans.

Dr. George Albright, of Greenville, S. C., will speak on "The Removal of Impacted Cuspid."s."

Dr. Ralph Jarrett, of Charlotte, N. C., will present "Failures in Prosthetics and Their Suggested Remedies."

Several men of our own district will also present clinics.

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## THE FIRST DISTRICT NEWS

The First District and its component societies:

The Tri-County, the Rutherfordton, and the Asheville Study Club continue the work of advancing dentistry by both technical study and by stressing the brotherhood of the men engaged in this same profession. Coöperating for the mutual benefit of practitioner and public were keynotes of the year. The Tri-County Society had some fine meetings. One meeting was held at the State Hospital in Morganton and was of special benefit. Gross pathology as well as oral conditions were studied. Dr. Bill Parker is full-time dentist at this institution now.

The Tri-County faces a new year with renewed enthusiasm. Dr. C. B. Yount, of Hickory, who was elected President, is preparing a series of programs for the year which should be the best yet in planned clinical instruction. The meeting to be held in Asheville promises to be fine. Dr. Gay, of Waynesville, and the men coöperating with him have promised a meeting of stellar worth. Let's go all! Every man is able to spend at least one day in learning fine points and new technique in the profession which gives him his daily bread. One new idea that will lighten his daily task will be worth the time and expenditure necessary. Individuals can be reached here more easily than in State meetings. See you in the Land of the Sky.

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## PURELY PERSONAL

Dr. G. S. Abernethy has begun his practice in Hickory in the Hollar Building. Dr. Jimmie Little says the water over at Pine Mountain makes him "feel like a young buck." Dr. C. B. Yount's beautiful and talented daughter, Ruth, won a scholarship in music at Greensboro College this year. Dan Brown (S. S. White) is the cook at the monthly steak fry held at Pine Mountain. He can eat more steak than anybody, so he says he might as well cook it right. Dr. Carl Mott, fisherman, hunter, story teller extraordinary, has been ailing slightly. He's much better now and able to tell tall stories with his customary gestures.

DAVID ABERNETHY, *Editor,*  
*First District.*

## SECOND DISTRICT

### PROGRAM, SECOND DISTRICT SOCIETY, STATESVILLE

MONDAY, OCTOBER 12, 1936

- 9:00 a.m. Registration.
- 9:30 a.m. Opening Session. Meeting called to order by the President, Dr. J. H. Nicholson, Statesville, N. C.
- Invocation—Rev. J. Lewis Thornburg, Pastor, St. Marks Lutheran Church, Statesville, N. C.
- Address of Welcome—T. G. Shelton, Mayor of Statesville.
- Response to the Address of Welcome—Dr. W. M. Robey, Charlotte, N. C.
- Greetings from the North Carolina Dental Society—Dr. D. L. Pridgen, Fayetteville, N. C.
- Greetings from the Director of Districts—Dr. John F. Reece, Lenoir, N. C.
- Greetings from the North Carolina State Board of Dental Examiners—Dr. Clyde E. Minges, Rocky Mount, N. C.
- President's Address—Dr. J. H. Nicholson, Statesville, N. C.
- Introduction of Visitors.
- Receiving Applications for Membership in State and District Societies.
- 10:45 a.m. "Oral Diagnosis"—Dr. Thos. J. Cook, Department of Oral Diagnosis, University of Pennsylvania.
- (1) Dental infection, periapical and peridontal. The diagnosis and necessity of elimination.
  - (2) Report of conditions that may follow the harboring of dental infections.
- 12:30 p.m. Adjournment for Lunch.
- 

MONDAY AFTERNOON, OCTOBER 12, 1936

- 2:00 p.m. Table Clinics.
- "Responsibility of the Dentist to the Developing Child"—Dr. Amos Bumgardner, Charlotte, N. C.
- "Direct-Indirect Inlays"—Dr. B. N. Walker, Charlotte, N. C.
- "Removable Bridge Work"—Dr. L. O. Herring, Charlotte, N. C.
- "The Modified Flap Operation, and the Common Causes of Failure, Illustrated by Charts"—Dr. Franklin L. Bumgardner, Charlotte, N. C.
- "Full Dentures"—Dr. Burke W. Fox, Charlotte, N. C.
- "The Preparation of a Tooth for a More Esthetic Procelain Jacket Crown"—Dr. R. Phillip Melvin, Winston-Salem, N. C.
- "The Advantages of Early X-ray Examination"—Dr. Harold E. Storey, Charlotte, N. C.
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MONDAY EVENING, OCTOBER 12, 1936

- 6:30 p.m. Annual Banquet. Ballroom of the Vance Hotel.
- 8:00 p.m. "Oral Diagnosis"—Dr. Thos. J. Cook, Department of Oral Diagnosis, University of Pennsylvania.
- (1) Diseases of the Mouth. Oral Manifestations of Such Diseases as Syphilis, Tuberculosis, Diabetes, Cancer, etc.

- (2) Oral Manifestations of the Various Blood Diseases, Such as  
Aplastic Anemia, Leukemia, Hemophilia, Agranulocytosis,  
and Others That May Be of Interest to the Dentist.

Business Session.

Election of Officers.

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TUESDAY MORNING, OCTOBER 13, 1936

9:00 a.m. "Amalgam"—Dr. Jas. W. Brown, Washington, D. C. The practical application of the research work of the Bureau of Standards Dental Department, as applied to amalgam alloys.

10:15 a.m. Progressive Clinics.

"Amalgam"—Dr. Jas. W. Brown, Washington, D. C. Cavity preparation, use of the matrix, mixing, packing, carving, and polishing of amalgam fillings.

"Webb Pyorrhea Technic"—Dr. George C. Hull, Charlotte, N. C.  
Business Session.

Installation of Officers.

Adjournment.

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With our vacation days all over, we are looking forward to our District meetings this fall. I urge every dentist to affiliate himself with his District and attend these splendid meetings.

The Second District extends an invitation to all ethical dentists in and out of the State to meet with us at Statesville, October 12th and 13th. Read over your program and you will find that our Program Committee has arranged a most excellent and instructive meeting. You will find it well worth your time to meet with us.

Our friend and President, J. H. Nicholson, has assured us of a very warm welcome to Statesville. May I take this opportunity to congratulate the dentists of Charlotte on the worthy undertaking of publishing the Charlotte Dental Society News, a copy of which is sent to dentists in North and South Carolina. Our local President, Amos Bumgardner, was responsible for this advancement in the interest of our profession and the dentists of the State.

The dentists of Charlotte are very grateful to Miss Sussie Matthews, the able and efficient secretary of Stokes Hamilton, for her untiring efforts in helping to make the Charlotte Dental Society News a success.

One of our bachelor dentists, Don Kiser, will marry shortly. Don, many congratulations and best wishes.

The Dentists of Winston-Salem have a very active society and, from reports, have been having very interesting and instructive meetings.

Our fox hunting members have been enjoying the beauty of a good chase when the noble hounds fill the air with sweet music as Old Reynard plays his tricks to escape. It will be only a short time when the king of kings, or the pointer of all dogs, will stand as the Statue of Liberty in some straw field showing his master where a covey of quail are trying to hide.

Your editor has been indisposed for quite some time with the same bum knee. I had the pleasure of spending the summer in the Fifth District down on the coast. This I enjoyed very much, besides being beneficial to my physical condition. The Fifth District is to be congratulated as the first to organize group meetings. These group meetings consist of a certain number of counties, and meet three times a year. In these meetings you get to know your neighbor more friendly and all are benefited. I had the pleasure of attending two such meetings, one in Robersonville with J. M. Kilpatrick as host, the

other in my old home of Windsor last month with G. L. Lancaster as host. May I suggest some other districts try these group meetings?

Don't forget our District meeting in Statesville, Monday and Tuesday, October 12th and 13th. The boys in Statesville are a very fine group of dentists and they extend to us all a hearty welcome to meet with them. Be there or you will miss a wonderful meeting.

DAN B. MIZELL, *Editor*.

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The Second District Dental Society will hold its sixteenth annual meeting at the Vance Hotel, Statesville, N. C., October 12th and 13th. It is our desire that every member of the North Carolina Dental Society meet with us at that time.

We are hoping to make this one of the best meetings the Second District has ever had. The interest in these district meetings should increase each year, as they are of twofold value. The benefits derived, not only from a scientific standpoint but also from the social activities, will prove of such value that we should feel it a great loss to miss one meeting.

As you read the above program you will see that the program and clinic committees have been doing some real work and have rounded out a program that will be a rare treat for those who want to get new ideas and keep in the line of progress. I think they were very fortunate in securing two outstanding men, Dr. Thomas J. Cook on Periodontia and Dr. James W. Brown on Amalgam, and many clinics on the most important phases of dentistry.

Now after a long hot summer with only a few short vacation days, we are getting ready to settle down to the winter's work, but before doing that, let's take out two more days and attend the Second District Meeting. We owe it to our patients as well as ourselves to take advantage of these scientific and instructive programs.

The success of the meeting depends on each individual member, so don't disappoint us by staying away. Statesville and the local society await and welcome you.

J. H. NICHOLSON, *President*,  
*Second District*.

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## THIRD DISTRICT

### PERSONAL ITEMS

Dr. R. H. Holden has moved into his new home on Demarius Street.

Dr. W. F. Mustian and family are living in the Franklin Court Apartments on E. Main Street.

We are glad to know that Dr. McCutcheon, after a short stay in the hospital and a trip to the beach, is back in his office looking fine.

Dr. Henry Carr has sold his dairy and is now operating a movie in Mebane, getting rich quick.

Dr. Dan Carr has entertained quite a few of his friends at his fishing lake in Eastern Carolina. He says there are still a few fish left.

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The Durham-Orange County Dental Society has had a good year, under the able leadership of Dr. E. P. McCutcheon.

We helped entertain the Third District meeting last fall. Had some interesting scientific meetings during the winter and spring. We rested through the summer.

In September Dr. W. F. Mustian, our new member, read a very fine paper on General Anesthesia in Oral Surgery. The October meeting is to be a social one, with the ladies taking part.

We are looking forward to going to High Point in November to the District meeting.

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The meeting of the Third District Dental Society will be held at the Sheraton Hotel, High Point, N. C., November 3d and 4th. Tuesday afternoon, the 3d, the Golf Tournament will be held. There will be a banquet Tuesday evening at the hotel. T. Wingate Andrews, superintendent of High Point high schools, will act as toastmaster. An interesting and entertaining program has been planned for the banquet hour. Following the banquet, Dr. David T. Smith, Duke University, will give a paper entitled: "Diagnosis and Treatment of Oral Infections Which May Become Generalized."

Wednesday morning Dr. Robert N. Harper, Danville, Va., will give a clinic on "Prosthetic Dentistry."

A local essayist will give a paper—subject to be announced later.

Wednesday afternoon will be devoted to local clinics and the business session.

A complete program will be mailed each member of the North Carolina State Dental Society before the meeting. Your support is needed to make this meeting a success. Plan now to attend.

DANIEL T. CARR.

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## FOURTH DISTRICT

### COME TO THE FOURTH DISTRICT MEETING

Another year for our Fourth District Dental Society has almost passed. The time for our annual meeting is here. Turn to your appointment book and check the night of October 14th, our annual banquet, and the 15th a full day. Please check these dates and let's all meet in Raleigh, forget our daily routine grind in the office, get out and mingle with the other fellow, exchange ideas, pass a few jokes, and attend the clinic.

Our Program Committee has a wonderful program for you. Do not miss the banquet. If you do you will miss Dr. Hitt, of Salem, Va. He is well worth hearing and will conclude his clinic on the 15th.

Bring your wife or sweetheart. If you do not have a sweetheart, borrow the other fellow's for one night.

If you want to "kill two birds with one stone," then stay over and attend our North Carolina State Fair.

J. R. EDWARDS, *President,*  
*Fourth District Dental Society.*

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### PERSONALS

Dr. D. I. Stallings, a native of Franklin County, has recently located in Wake Forest, N. C., for the practice of dentistry. He has been practicing for a number of years in Thomasville, Georgia, but has come back to North Carolina to be near his aged father. We welcome to North Carolina the Doctor and Mrs. Stallings, who is a native of Texas, and wish them success in the Old North State.

Dr. Dexter Blanchard has located in Farmville. We are sorry to lose him from our District, as he is now in the Fifth District.

Dr. I. C. Clark has located in Mebane in the Third District. We are also sorry to lose him from our District.

Dr. Anton Phillips passed the North Carolina Board this summer and located in Warrenton. I am sure we will all see Dr. Phillips.

Dr. Wallace Mustian has moved to the Third District. He is now located in Durham. Wallace, we are sorry to lose you.

Dr. Gale has located in Dunn, succeeding the late Dr. J. R. Butler.

We have lost two members by death since our last meeting, Dr. J. R. Butler, of Dunn, and Dr. W. J. Payne, of Clayton. We extend to the families our heartfelt sympathy.

Our Vice-President, Dr. R. S. Jones, of Warrenton, let Old Dan Cupid capture him about sixty days ago. Congratulations, Dr. Jones, and bring Mrs. Jones to our meeting. I am sure she will enjoy it.

## PROGRAM, FOURTH DISTRICT DENTAL SOCIETY

Hotel Carolina, Raleigh

WEDNESDAY EVENING, OCTOBER 14, 1936

6:30 p.m. Banquet.

7:30 p.m. Meeting Called to Order—Dr. J. R. Edwards, President, Fuquay Springs, N. C.

Invocation—Dr. J. Martin Fleming, Raleigh, N. C.

Greetings from North Carolina Dental Society—Dr. D. L. Pridgen, President, Fayetteville, N. C.

Greetings from Director of Districts—Dr. J. F. Reece, President-elect, Lenoir, N. C.

Greetings from the North Carolina State Board of Dental Examiners—Dr. C. E. Minges, President, Rocky Mount, N. C.

President's Address—Dr. J. R. Edwards, President, Fuquay Springs, N. C.

Proposed Post-Graduate Extension Course—Mr. R. N. Grumman, Director, Chapel Hill, N. C.

8:30 p.m. "Practical Procedure in Full Denture Construction for the Average Dentist" (*illustrated lecture*)—A. M. Hitt, D.D.S., Salem, Va.

The following questions: (1) How do you know when you have the correct impression in full denture construction? (2) Do you know that you have the correct bite before the patient leaves the chair at the time of getting the bite? (3) If you do not set up your own teeth, do you have any absolute assurance that the bite has not been changed? (4) Are anatomical articulators necessary? Or do plain line articulators serve the purpose satisfactorily? (5) What place, if any, does the non-cusp tooth or flat plane occlusion have in denture service?

9:30 p.m. "The Healing of Wounds Following Injury"—J. A. Sinclair, D.D.S., Asheville, N. C.

The following questions: (1) What are the conditions responsible for the production of the so-called "Dry Socket"? (2) Is there any way to anticipate such a condition, and if so, is there a post-operative treatment for same? (3) What is the cause of

the slow, painful healing, following the removal of some impacted teeth, and can the cause be anticipated? If so, what treatment should be followed in controlling these conditions?

(4) In the treatment of pyorrhea, what influences the choice of treatment, whether subgingival or surgical?

10:30 p.m. "Ain't We Got Fun?"—Ensemble.

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THURSDAY, OCTOBER 15

8:30 a.m. Registration.

9:00 a.m. Business Meeting.

Minutes Last Meeting.

New Members.

Unfinished Business.

Reports of Committees.

Reports of Secretary-Treasurer.

New Business.

Election of Officers.

10:00 a.m. "Periodontia"—Wallace D. Gibbs, D.D.S., Charlotte, N. C.

The following questions: (1) What, in your opinion, is the etiology of periodontal lesions? Give your reason for such opinion. (2)

Is a thorough differential diagnosis necessary in periodontal cases before treatment is commenced? If so, explain. (3) Do you consider full mouth X-rays essential to diagnosis and treatment in all periodontal cases? If so, why? (4) Is excision of gum tissues ever indicated in the treatment of periodontal tissue? Give your reason, pro or con. (5) What, if any, services by patient and dentist, respectively, do you consider necessary following periodontal treatment? Give reasons.

10:45 a.m. "A Practical Technique for Ceramic Restorations" (*clinic*)—L. M. Edwards, D.D.S., Durham, N. C.

The following points will be considered: (1) Conditions that justify the use of devitalized roots in restorative work. (2) Maintaining tooth position in young adult patients without the use of bridge work. (3) An exact technic of crown alignment. (4) Securing accurate model of root canal by indirect method. (5) Assembling dies and models for completion of porcelain crown.

11:30 a.m. "The Wavrin Full Denture Impression Technique"—Ralph D. Clements, D.D.S., Raleigh, N. C.

12:15 p.m. "Questions and Answers."

1:00 p.m. Luncheon.

2:00 p.m. "The Relation of Periodontia to Other Forms of Dentistry"—J. L. Spencer, D.D.S., Williamston, N. C.

2:45 p.m. "Practical Procedure in Full Denture Construction for the Average Dentist" (*clinic*)—A. M. Hitt, D.D.S., Salem, Va.

Adjournment.

Dr. E. B. HOWLE, *Chairman*;

Dr. WILBERT JACKSON,

Dr. W. W. RANKIN,

*Program Committee.*

## FIFTH DISTRICT

### PROGRAM, FIFTH DISTRICT DENTAL SOCIETY, KINSTON

SUNDAY, OCTOBER 25—6:00 P.M.

Dinner—Given by Lenoir County Dental Club.

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MONDAY MORNING, OCTOBER 26—8:30 A.M.

Meeting Called to Order by President, Dr. M. B. Massey.

Invocation—Rev. T. C. Johnson, Kinston, N. C.

Address of Welcome—Mayor of Kinston, Dal. F. Wooten.

Response—Dr. W. I. Hart, Edenton, N. C.

President's Address.

Introduction of Visitors.

Greetings from Director of Districts—Dr. J. F. Reece, Lenoir, N. C.

Greetings from the President of the N. C. State Dental Society—Dr. D. L. Pridgen, Fayetteville, N. C.

Greetings from North Carolina State Board Dental Examiners—Dr. Clyde Minges, Rocky Mount, N. C.

Roll Call.

Paper: "Treatment of Pyorrhea by Electro Coagulation"—Dr. J. V. Turner, Wilson, N. C.

Clinics:

Nitrous Oxide Analgesia—Dr. Sandy Marks, Wilmington, N. C.

Dr. Darden Eure, Morehead City, N. C.

Dr. J. V. Turner, Wilson, N. C.

Dinner—12:30 p.m.

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AFTERNOON—1:30 P.M.

Address—Dr. Geo. C. Karn, Dental School, University of Maryland.

Treasurer's Report.

Report of Committee on President's Address.

Report of Committees.

New Business.

Election of Officers.

Election to House of Delegates.

Place of Next Meeting.

Installation of Officers.

Adjournment.

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The Fifth District Dental Society has enjoyed a very successful year. Our attendance at the group meetings, the District meeting, and the State meeting has been very good. We are anticipating and excellent meeting in Kinston on October 26. The Entertainment Committee, composed of the Lenoir County Dental Society, has arranged an informal get-together for Sunday night, October 25. And I am sure, from the past several years' experience, that there will be a large attendance that night, and undoubtedly, everyone will enjoy it.

The Program Committee has endeavored to arrange a most interesting program. They have been fortunate enough to obtain Dr. George Karn, of the Dental School, University of Maryland, as the feature speaker.

Due to the fact that there has been so much commotion in the State for the past year on the subject of the Treatment of Pyorrhea by Electro Coagulation, the committee felt that the society would be disappointed if they were not given the opportunity to hear its merits and demerits. Therefore, Dr. J. V. Turner, of Wilson, one of our own members, has agreed to give us a paper and clinic on the above subject.

We have another clinic which, I believe, every member of the District will enjoy, and that will be given by Dr. Sandy Marks, on the use of Nitrous Oxide Analgesia in Operative Dentistry. To those men who have not seen it used, you certainly should take this clinic in.

We have several other clinics which will be of interest to all. We do not feel that you can afford to miss attending this District meeting, on the 26th of October.

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The past few months has seen two of our members take upon themselves matrimonial obligations. Those guilty of this fact are Dr. Darden Eure, Morehead City, and Dr. Sandy Marks, Wilmington. We wish to congratulate them and to send our sympathy to their wives.

Our District has had the pleasure of taking into its membership one recent graduate. That young man is Dr. Coyte Minges, who is now practicing in Rocky Mount, N. C. We wish to extend our pleasure to him in having him with us, and trust that he will get as much from the Society as we anticipate getting from him, in the years to come.

The Fifth District Dental Society has in its presence a mechanical and electrical genius. If you do not believe this, I invite you to come down to Windsor, N. C., and go through Dr. Lancaster's office.

---

Here we are again with fall here and our District meetings just around the corner demanding our attention. It doesn't seem very long since our great meeting we had at Pinehurst. Our pleasant contacts and some of the things we learned still linger fresh in our minds. Meeting the boys from far and near and exchanging experiences with them helps us to return to our offices with a closer brotherly feeling toward our fellow practitioners; a feeling which makes us regard them as colleagues and friends and not hard-hearted competitors. I often think those of us in the profession who do not avail themselves of the opportunity to mingle with their fellow practitioners are allowing a great opportunity to pass to improve themselves and absorb that feeling which helps one to be proud of his profession, and thus try to improve himself in order that he might be able to measure up, to a certain extent, with the standards his profession requires.

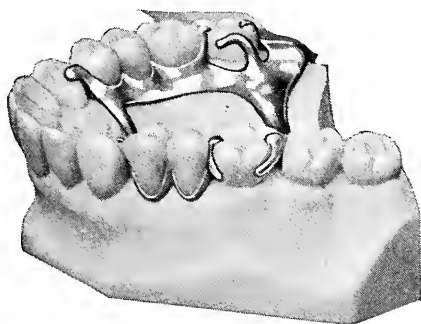
I think the most of us down here in the Fifth District have had a fine summer—some going to Canada, some to California, some spending right much time at the various beaches. Now we are getting back into harness and trying to get everything in readiness for our district meeting. We have had one fine group meeting with Dr. Lancaster at Windsor. This is the group that resides down in the Pamlico regions. Most all of them were there, and they had a most enthusiastic meeting. We are scheduled to have two more meetings before our District meeting. By the time we have the last one I think our enthusiasm will be back in high, and ready for the district meeting. We hope that it will be our pleasure to have as our guests a large number of the boys from the other districts, and we should like to extend you a most cordial invitation to be with us.

M. B. MASSEY, *President*.

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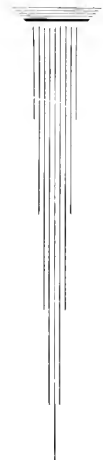
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*"No man can produce great things who is not  
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JANUARY, 1937

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Vol. 20

RALEIGH, N. C.

No. 3

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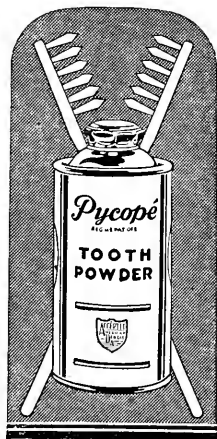
are proud of their past record; more than thirty years service of unquestioned integrity to the dental profession.

Our willingness to please, together with the scientific handling of all the various types of restorations, is really the secret of the continuous progress this organization has enjoyed.

Call on us whenever the occasion arises and let us assist you in your prosthetic needs. You can be assured our advice will be offered wholeheartedly and to the best of our ability.

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The ingredients and compounding of dentifrices are not alike. The size and shape of toothbrushes vary distinctly.



Depend upon "Accepted" dental remedies for your patients. Pycope' Tooth Powder bears the Seal of Acceptance.

Prescribe and teach the use of a small, well-designed brush. The Pycope' Toothbrush is standard in size, shape, and quality.

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JOPLIN, MO.

130 W. 42nd St.  
NEW YORK, N. Y.



TO

DR. DAISY ZACHARY MCGUIRE,

*who was the first woman to take the North Carolina Board (1908). She is the daughter of the late Dr. James M. Zachary, a dentist. Dr. McGuire was an honorary member of the North Carolina Dental Society until the constitution was changed prohibiting an active dentist holding an honorary membership. She was instrumental in having her husband, Dr. W. P. McGuire, study dentistry. He took the Board in 1912. She also influenced her sister, Dr. Jessie Zachary-Morland, to study dentistry. At present Dr. McGuire has two daughters in dental college, one a junior and one a sophomore, and another daughter is taking work preparatory to entering dental college.*

# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

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Vol. 20

JANUARY, 1937

No. 3

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Entered as second-class matter as a quarterly September 26, 1931, at the post office, Raleigh, N. C., under Act of August 24, 1912.

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### OFFICERS 1936-37

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DR. J. F. REECE, President-Elect ..... Lenoir  
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DR. C. M. PARKS (1935) ..... Winston-Salem

### EDITOR-PUBLISHER

DR. G. FRED HALE ..... Raleigh

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## POST-GRADUATE TRAINING

As we turn the daily pages of time, are we able to make a memorandum on each of something accomplished a little better than the day before—or some knowledge gained which will make us more able to serve? The opportunity often presents itself for betterment, but it is seldom that such is offered as the post-graduate course sponsored by the University of North Carolina and the North Carolina Dental Society. Dr. Robert H. Ivy, of Philadelphia, writes: "I know of nothing to approach it that has been attempted in any other state." Few men practicing can afford not to enroll in these classes. The best clinicians and essayists in the country are to appear in our midst and the tuition is within reach of every man.

Organized dentistry in North Carolina has for years discouraged courses given by commercial interests, by private profit-seeking schools, and by individuals with motives unbecoming a profession, and has taken aggressive leadership in bringing to our dentists these post-graduate courses where the odor of profit has been blown away by a responsive and responsible University. The dental profession in this State intends to keep dental education on a par with other professional education. The correct training of the dentists and the welfare of the people of our State transcend every other consideration. Someone has aptly said:

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A.D.A. MEETING, ATLANTIC CITY, JULY 12, 13, 14, 15, 16, 1937

"As soon as profit motives dominate a calling, it ceases to be a profession." And whenever profit motives dominate dental education, it means a lower quality and a lesser service. We intend to have nothing less than the best.

That era colored by the thought that a diploma from a Dental School and a certificate from a State Board of Dental Examiners were all the necessary credentials for a long and continuous practice is rapidly coming to a close, and another is opening, conscious that the diploma and the certificate are only an admission for the opportunity to serve, and after the entrance there is the obligation to keep abreast.

Developments are so rapid that he who does not have some program of study will be closed within the four walls of his office in a haze of obsolete information and *modus operandi*. We cannot escape the truth that our lives are dedicated to serve human kind to the very best of our abilities, and there is no way of avoiding our obligation to keep up with advancing knowledge.

There is no satisfaction in life comparable to that which follows accomplishment. The better we are fitted to our tasks, the nearer we approach happiness. Gies said, "Systematic endeavor to extend the boundaries of knowledge is the mainspring of science, and the register of a profession's standing and achievement." We do not gain recognition as individuals or as a profession without accomplishment and the confidence of people generally. As we drive forward the frontier of knowledge we rise in the estimation of the public.

A splendid opportunity is given every member of the North Carolina, but it takes time, interest, and effort.

G. F. H.

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## THE JOURNAL OF DENTAL RESEARCH

The proposed William J. Gies Endowment for the Journal of Dental Research should strongly appeal to the Dental Profession in North Carolina. This Journal has been published for seventeen years and has served the dental profession with distinction, not only in the presentation of scientific data, but also in the excellent manner of presentation. "It was influential above any other agency in obtaining recognition for dentistry as a scientific body by the American Association of Science." To such an attainment Dr. Gies has not only given his time and energy, but has himself underwritten an annual average deficit of not less than \$2,000.00. In subscribing to this Journal you are helping both the dental profession as an organization and yourself as an individual. In no other Journal can you get such a report of *Research and Investigation*. It is something that is of help to you as a practitioner.

Refer to the November, 1936, issue of the Journal of the A. D. A., page 2216, and read the article by Dr. Arthur H. Merritt. Then sit down and write a check for \$5.00 and send it to the Journal of Dental Research, Mt. Royal and Guilford Avenues, Baltimore, Maryland. This will bring you a year's subscription.

"Study rather to fill your mind than your coffers; knowing that gold and silver were originally mingled with dirt until avarice or ambition parted them."—SENECA.

G. F. H.

Education, in its broadest sense, is the yardstick by which most of the worth while things in life are measured. Many learned men never saw college; innate ability and seizure of opportunities advanced their mental boundaries.

G. F. H.

For the cultured man, with technical and scientific knowledge, and the ability to correctly apply such, the demand is probably greater than in any former period of history.

G. F. H.

We now hear a great deal about "security." Plan for it by investing some of your time, energy, and money in the acquisition of professional knowledge.

G. F. H.

Higher levels of general education, and a more accurate perspective in social and health service responsibilities, in both professions, are bringing humility to the aid of common sense and decency in all evaluations of personal and professional competence and relationships.

WILLIAM J. GIES.

"Education today should mean the elimination of everything that is not right, not beautiful, not fitting."

FRANK PICK.

### CULTURE\*

Why forego cultural knowledge merely because one is engaged in scientific pursuits? Too many members of the dental profession are so deeply engrossed in removing teeth and placing dental restorations that they fail to realize that another world of knowledge exists. They are either unaware, indifferent, or will not take time to note that there are other things in life than teeth.

It is difficult to understand why so many are either ignorant of or take no interest in art, literature, and music. These constitute one of the basic foundations and profound factors influencing the civilization of man. The degree of their development is, in a sense, indicative of man's progress. Yet, it is a deplorable fact that we find so few dentists evidencing any degree of interest in them.

One does not have to be a poet, sculptor, or musician to have an appreciation of the classical arts that will do so much to further enjoyment of life and make it possible to step out of a materialistic, scientific realm.—*n*.

\*THE CONTACT POINT, Vol. 14, No. 2

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### WE NEED BOTH

"To be an expert dentist is one thing, and by the same token it is no mean achievement, but to be a cultured and well educated gentleman may mean an altogether different and very much greater thing. It is true that the two sometimes go together, and when this is the case it may be said that the gods are propitious, but this does not invariably hold, . . . in the training of students in dentistry, there is just as insistent a demand for the cultivation of ethics and morality as there is for the cultivation of the highest technical skill."—*Excerpt from Editorial of Journal of the American Dental Association, October, 1936.*

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"Antagonism between medicine and dentistry cannot be explained on any basis of public interest or advantage, and has no justification in any sentiments that are worthy of respect, for both professions are agencies for health service and cannot render it faithfully on any other conditions than those of earnest and effective cooperation."

WILLIAM J. GIES.

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'Tis education forms the common mind—  
Just as the twig is bent the tree's inclined.  
—POPE.

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Truth is as impossible to be soiled by any outward touch as the sunbeam.  
—MILTON.

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"There are two distinct classes of men: First, those who work at enlarging the boundaries of knowledge, and secondly, those who apply that knowledge to useful ends."  
ROBERT W. VONBUNSEN.

"Worry is a thin stream of fear trickling through the mind. If encouraged, it cuts a channel into which all other thoughts are drained."

ARTHUR SOMERS ROCHE.

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I shall not take any sides, for I am for both of you.—WALT AIR.

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Truth is the foundation of progress.—WALT AIR.

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"We may point with pride at some of our achievements of the past, but these are not sufficient to carry us in the future. We still have much to accomplish, and, if we are to measure up, it behooves us to look for new goals of achievement."

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"Great causes are never tried on their merits, but the cause is reduced to particulars to suit the size of the partisans, and the contention is ever hottest on minor matters."

—EMERSON.

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"He did his best; when his best was bad  
He did not grieve nor get sick nor sad,  
He simply 'lowed 'twas the best he had,  
Did old John Henry."

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"The noble man is pained over his own incompetency, he is not pained that others ignore him."

—CHINESE PROVERB.

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"Young or old, inexperienced or expert, the wise man is he who remains a student throughout life."

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"I have found all the way that, so long as one stands behind one's highest sense of right, events shape themselves—one has never to do the shaping."

—AUTHOR UNKNOWN.

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"Ideals are seldom static. If we sufficiently grow in grace, the ideals of yesterday and today will not suffice for the demands of tomorrow. Unless we can point to a higher concept of our obligation to the profession and to humanity as the days go on, we shall have failed in our professional and personal duty."

DR. C. N. JOHNSON.

"Even as cobwebs gather in a house which is allowed to remain untenanted, so rust and mildew cover the promises of the dental practitioner in the disused corners of an inactive brain. Minds, like houses, need frequent ventilation and benefit by exposure at regular intervals to the sunlight of new ideas. No room with all of its windows shut becomes more unpleasantly stuffy than a mind of a dental practitioner which has been closed by prejudice or laziness, so that the vital currents of contemporary thought are excluded as thoroughly as if the brain were already buried beneath six feet of earth."—*Bulletin of the Second District Dental Society, N. Y.*

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EXTENSION COURSE  
DIVISION OF EXTENSION TEACHING  
OF THE  
UNIVERSITY OF NORTH CAROLINA

---

R. M. GRUMMAN, *Director*

---

STATE COMMITTEE:

W. F. Bell, Asheville  
R. F. Jarrett, Charlotte  
J. H. Wheeler, Greensboro  
Paul Fitzgerald, Greenville  
E. B. Howle, Chairman, Raleigh.

CENTRES, CHAIRMEN, AND LOCAL LECTURERS (see enclosed memorandum A).

MAJOR CLINICIANS.

Week beginning April 19, Robert H. Ivy, Philadelphia, Pa., on Oral Surgery.

Other lecturers for July, October, and January to be selected.

PLACES OF MEETING FOR MAJOR LECTURES:

On in each District—probably two in Second District.

Preference of the members of each centre was ascertained at the December meetings.

Final selection will be made by Mr. Grumman and the State Committee-man from each District.

SUBJECTS:

Oral Surgery, Prosthesis, Gold Inlays, and Pyorrhea.

ENROLLMENT:

Present enrollment.....	319
Final enrollment (estimated).....	351

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STATE MEETING AT PINEHURST, MAY 3, 4, 5, 1937

COST:

Based on final enrollment, probably less than \$10.00 for each individual.

PAYMENT PLANS:

- (1) \$10.00 fee to be paid at April meeting.
- (2) (Where circumstances demand) \$5.00 fee at April meeting and a \$5.00 fee at July meeting. Difference will be prorated, in either case, upon completion of course.

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(Memorandum A)

ASHEVILLE CENTRE

O. C. BARKER, *Chairman*

Group Meetings at Asheville.

Lecturers—

- Oral Surgery—W. D. Lanier, Oteen, N. C.  
J. A. Sinclair, Asheville.  
Other lecturers to be named later.

Present enrollment.....	21
Final enrollment (estimated).....	?

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LINCOLN TON CENTRE

I. R. SELF, *Chairman*

Group Meetings at Shelby.

Lectures—

- Oral Surgery—S. E. Moser, Gastonia, and H. S. Plaster, Shelby.  
Inlays—R. R. Howes, Forest City, and A. C. Current, Gastonia.  
Pyorrhea—E. N. Biggerstaff, Spindale, and A. P. Beam, Shelby.  
Plates—T. E. Wilkins, Gastonia, and C. S. McCall, Forest City.

Present enrollment.....	16
Final enrollment (estimated).....	22

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LENOIR CENTRE

P. P. YATES, *Chairman*

Group Meetings at Lenoir.

Lecturers—

- Oral Surgery—R. D. Coffey, Morganton, and David Abernethy, Hickory.  
Plates—C. B. Yount, Hickory, and Marshall Barringer, Conover.  
Inlays—D. S. Cook, Lenoir, and J. P. Reece, Valdese.  
Pyorrhea—J. F. Campbell, Hickory, and W. M. Matheson, Boone.

Present enrollment.....	21
Final enrollment (estimated).....	25

CHARLOTTE CENTRE

J. H. GUIOX, *Chairman*

Group Meetings at Charlotte.

Lecturers—

- Oral Surgery—W. M. Robey, and J. R. Bell to lead the discussion.  
W. L. Kibler, and F. O. Alford to lead the discussion.
- Pyorrhea—Franklin Bumgardner, and B. W. Fox to lead the discussion.  
W. D. Gibbs, and T. P. Williamson to lead the discussion.
- Gold Inlays—L. O. Herring, and J. D. Kiser to lead the discussion.  
Ralph Schmucker, and C. C. Keiger to lead the discussion.
- Plates—J. R. Pharr, and C. F. Taylor to lead the discussion.  
George Hull, and F. K. Haynes to lead the discussion.

Present enrollment.....	23
Final enrollment (estimated).....	30-35

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WINSTON-SALEM CENTRE

J. A. McCLUNG, *Chairman*

Group Meetings at Winston-Salem.

Lecturers—

- Oral Surgery—A. C. Chamberlain, Winston-Salem, and M. R. Evans,  
Clemmons, H. K. Crofts, Winston-Salem, and R. T.  
Byerly, Winston-Salem.
- Other lecturers to be named later.

Present enrollment.....	41
Final enrollment (estimated).....	41

SALISBURY CENTRE

C. D. WHEELER, *Chairman*

Group Meetings at Salisbury.

Lecturers—

- Oral Surgery—J. W. Zimmerman, Salisbury, and G. S. Alexander, Kan-  
napolis.
- Other lecturers to be named later.

Present enrollment.....	17
Final enrollment (estimated).....	20

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GREENSBORO CENTRE

J. T. LASLEY, *Chairman*

Group Meetings—February at Greensboro, March at High Point.

Lecturers—

- Oral Surgery—D. H. Erwin, Greensboro, and J. T. Lasley, Greensboro.
- Other lecturers to be named later.

Present enrollment.....	40
Final enrollment (estimated).....	40

# DURHAM CENTRE

D. T. CARR, *Chairman*

Group Meetings at Durham.

Lecturers—

Oral Surgery—T. W. Atwood, Durham, and W. F. Mustian, Durham.  
Other lecturers to be named later.

Present enrollment.....	15
Final enrollment (estimated) .....	20

# ALBEMARLE CENTRE

C. I. MILLER, *Chairman*

Group Meetings at Troy.

Lecturers—

G. R. Salisbury, Asheboro	(subject ?)
W. I. Farrell, Troy	" "
J. F. Williamson, Wadesboro	" "
L. J. Pegram, Pinehurst	" "
R. T. Garrett, Rockingham	" "
O. L. Pressnell, Asheboro	" "
E. M. Medlin, Aberdeen	" "
L. M. Daniels, Southern Pines	" "

Present enrollment.....	10
Final enrollment (estimated) .....	16

# RALEIGH CENTRE

H. R. CHAMBLEE, *Chairman*

Group Meetings at Raleigh.

Lecturers—

Oral Surgery—L. M. Massey, Zebulon, and K. L. Johnson, Raleigh.  
Inlays—E. L. Smith, Raleigh, and J. R. Edwards, Fuquay Springs.  
Pyorrhea—R. M. Squires, Wake Forest, and W. W. Rankin, Raleigh.  
Plates—R. D. Clements, Raleigh, and J. W. Whitehead, Smithfield.

Present enrollment.....	26
Final enrollment (estimated) .....	35

# FAYETTEVILLE CENTRE

D. L. PRIDGEN, *Chairman*

Group Meetings at Fayetteville.

Lecturers—

Oral Surgery—R. M. Olive, Fayetteville, and A. C. Cromartie, Fayetteville.  
Other lecturers to be named later.

Present enrollment.....	20
Final enrollment (estimated) .....	24

### WILMINGTON CENTRE

H. L. KEITH, *Chairman*

Group Meetings at Wilmington.

Lecturers—

H. K. Thompson, Wilmington	(subject ?)
C. A. Thomas, Wilmington	" "
J. H. Smith, Wilmington	" "
W. H. Young, Burgaw	" "
J. W. Stanley, Wilmington	" "
J. C. Smith, Wilmington	" "
J. O. Broughton, Wilmington	" "
G. E. Pigford, Wilmington	" "

Present enrollment.....	18
Final enrollment (estimated).....	18

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### KINSTON CENTRE

P. FITZGERALD, *Chairman*

Group Meetings at Kinston.

Lecturers—

O. L. Wilson, Kinston	(subject ?)
H. R. Mallard, Goldsboro	" "
A. T. Jennette, Washington	" "
C. B. Johnson, New Bern	" "
J. D. Eure, Morehead City	" "
S. D. Poole, Kinston	" "
J. N. Johnson, Goldsboro	" "
Z. L. Edwards, Washington	" "

Present enrollment.....	21
Final enrollment (estimated).....	21

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### TARBORO CENTRE

P. E. JONES, *Chairman*

Group Meetings at Rocky Mount.

Lecturers—

Oral Surgery—M. B. Massey, Greenville, C. E. Minges, Rocky Mount,  
J. E. L. Thomas, Tarboro, and J. M. Kilpatrick, Robersonville.

Other lecturers to be named later.

Present enrollment.....	25
Final enrollment (estimated).....	25

# EDENTON CENTRE

W. S. GRIFFIN, *Chairman*

Group Meetings at Edenton.

Lecturers—

Oral Surgery—C. G. Lancaster, Windsor, and W. H. Johnson, Plymouth.

Pyorrhea—W. I. Hart, Edenton, and Wm. Parker, Elizabeth City.

Inlays—H. E. Nixon, Elizabeth City, and W. T. Ralph, Belhaven.

Plates—C. G. Powell, Ahoskie, and W. S. Griffin, Edenton.

Present enrollment.....	5
Final enrollment (estimated).....	10-12

## PRESIDENT'S PAGE

As we enter the threshold of the year 1937, may I take this means of conveying to you, the members of the North Carolina Dental Society, cordial greetings, and wishing for each of you a new year of health, happiness, and prosperity.

The years from which we have just emerged have been eventful and trying. We have had grave and important problems to face. All of them, to be sure, have not yet been solved. For instance, there is still before us the question of the socialization of health services, in behalf of which it cannot be denied that considerable support has been aroused. The leaders of our society during these years have refused to be stampeded into hasty action in respect to this matter, but they have given to it much study. Eventually the profession must present a solution—one arrived at during a period of normalcy and after sufficient deliberation, which will safeguard the interests of the profession and the public whom we serve. In order to be in a position to cope with sinister forces that would dictate otherwise, we must at all times keep our organization in a state of preparedness and girded to full war strength.

In looking to the future as it relates to the activities of our society during this year, I would most heartily commend to you the extension course which is to be put on by the University of North Carolina in Cooperation with the North Carolina Dental Society. The Extension Course Committee, appointed for this purpose following our last annual meeting, has done a magnificent piece of work. They have put into operation a plan which is unique in the channels of post-graduate dental education, and which will undoubtedly result in much benefit to the members who participate, as well as to our organization. I cannot too strongly urge, if you have not already done so, that you enroll immediately for the course. It deserves our wholehearted support.

D. L. PRIDGEN,  
*President of the North Carolina Dental Society.*

## PAY YOUR DUES PROMPTLY

Since this is the first issue of the BULLETIN in 1937, I would like to stress the importance of paying your dues promptly. The District Secretary-Treasurer, who collects the dues in his district, is doing the practice of dentistry just like the rest of us. His time is valuable and it should not be necessary that he write you more than once for the payment of dues. All dues are due and payable on or before January 1st, in advance. Should your dues not be paid before March 1st, your name is removed from the roll of the American Dental Association and the subscription to the Journal is discontinued. When this is done, any liability insurance you may have or life insurance carried under the Group Plan of the American Dental Association will automatically lapse. We have had two cases in North Carolina recently where the member had not paid his dues, yet he thought his liability insurance was in force. If for no other reason than this, it is necessary that dues be collected promptly, but the main assistance you can give by paying promptly is to the District Secretary-Treasurer, who has his hands full. Your wholehearted cooperation is earnestly solicited. If you have not paid 1937 dues, sit down and send that check now, while it is on your mind.

FRANK O. ALFORD,  
*Secretary-Treasurer.*

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## WORK ON MEMBERSHIP

It is indeed encouraging to notice that we have increased our membership 41 since this time last year. This was done by the efforts of some of the members. It seems that we should strive to even do better this year. There are no doubt some men who are practicing near you who would align themselves with the organization, if only approached. Why not call on your neighbor and tell him what he is missing. He may fool you and make a good member. At least, no harm will be done by trying.

FRANK O. ALFORD,  
*Secretary-Treasurer.*

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## 1937 PROGRAM—PINEHURST, MAY 3, 4, 5

Your Program Committee is in the midst of arranging what we hope to be one of the most attractive programs ever presented to the North Carolina Dental Society. All details have not yet been completed, but at this early date we can announce that the following outstanding men have accepted invitations to appear on the program at Pinehurst, May 3, 4, 5, and present lectures and clinics:

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STATE MEETING AT PINEHURST, MAY 3, 4, 5, 1937

Dr. Paul H. Jeserich, Professor of Operative Dentistry and Director of Operative Clinics, University of Michigan, Ann Arbor, Michigan; Director of Gold Inlay Section of Detroit Clinic Club. "Gold Inlay Technique." Dr. Jeserich comes to us highly recommended as a teacher and enjoys a national reputation in this field.

Dr. Carl Hoffer, Nashville, Tennessee, who needs no introduction to our membership. He will be remembered by those who attended the 1928 meeting in Charlotte for his work in the field of Baked Porcelain. He will lecture and give a clinic on "Periodontia."

Dr. Claude C. Cannon, Fayette, Alabama, who has perhaps done more research work on Amalgam than any other man in practice today. His reputation in this field is unexcelled, and he has appeared before nearly all of the State Societies in this country. He will cover the subject, "Amalgam," both in lecture and clinic, which one who is doing this type of work cannot afford to miss.

Dr. Victor H. Sears, New York City, well known for his work in Prosthetics and the posterior teeth which bear his name. "Important Steps in Denture Construction," covered by both lecture and clinic, will be presented by him.

It is hoped that we will be able to have with us Dr. LeRoy M. S. Miner, President of the American Dental Association, and Dr. C. J. Caraballo, Trustee of the American Dental Association.

In addition to those mentioned above, there will be local clinicians as well as other visiting clinicians, which we are not able to announce at this time, but you are assured a well diversified program, well worth attending.

FRANK O. ALFORD,  
*Secretary-Treasurer.*

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## SYLLABUS OF THE OPINION OF THE SUPREME COURT OF NORTH CAROLINA IN THE CASE OF ALLEN v. STATE BOARD OF DENTAL EXAMINERS.

Dr. T. A. Allen graduated from the Atlanta Dental College on the 23d of April, 1897. He was licensed to practice dentistry in North Carolina on May 11, 1897. In 1899 he gave up his practice in Haywood County and went to the State of Colorado, where he procured license and practiced until 1910. In 1910 he went to Tennessee and procured license to practice dentistry, and remained there until February, 1936, when he returned to Henderson County, North Carolina. In the meantime, he had failed to comply with section 11, chapter 178, Public Laws of 1915, requiring payment of fee and renewal of license in North Carolina. Section 11, chapter 66, Public Laws of 1935, required him to apply to the State Board of Dental Examiners for license to resume the

practice of dentistry in North Carolina, and authorized the Board to grant such license upon a satisfactory showing to the Board of his proficiency in the profession of dentistry, and his good moral character during his period of retirement. The State Board, upon examination, failed to find the degree of proficiency which in their judgment was necessary for one to practice in this State. They therefore denied Dr. Allen license to resume practice of dentistry in North Carolina. There was never any question raised about his good moral character. Dr. Allen brought suit against the State Board of Dental Examiners, which was heard before Judge H. Hoyle Sink, and the action of the State Board was upheld. Dr. Allen appealed to the Supreme Court of North Carolina on the ground that the act is unconstitutional and in violation of the 14th Amendment to the Constitution of the United States and of the provisions of the Constitution of North Carolina. The North Carolina Supreme Court *affirmed* the opinion of the Superior Court. Judge Clarkson, in writing this opinion, said: "The act is, we think, constitutional in all respects. . . . Plaintiff has failed to renew his license as required by Public Laws 1915, chapter 178, section 11, he does not now hold any license to practice dentistry in North Carolina, and the Act of 1935 provides the process by which he may be granted license to resume the practice of dentistry in North Carolina." The opinion quotes from a decision of the Supreme Court of the United States that "It is well settled that a state may, consistently with the 14th Amendment, prescribe that only persons possessing the reasonably necessary qualifications of learning and skill shall practice medicine or dentistry." Dr. Allen filed his application to renew his license as required by law, and stood the examination required of him. The Court found "that said examination was duly given, and the defendant Board, within its authority and power and in the proper exercise of the duties and obligations imposed upon it by law, and in the exercise of its discretion, found that the plaintiff has not made, upon his examination, a satisfactory showing of his proficiency in the profession of dentistry; that without considering further facts as permitted under the act, said defendant Board, in the proper exercise of its duties and obligations under said act, and pursuant to its judgment and discretion, denied to the plaintiff a license to resume the practice of dentistry in North Carolina." The opinion further states: "We think that the facts bring plaintiff in the clear language of the act, and the act is constitutional and within the police power of the State to enact for the good and welfare of the State."

## SERVING THE CHILD\*

BY JOSEPH H. KAUFFMAN, New York, N. Y.

The child is the most precious possession of all mankind. In the child are wrapped our hopes, our visions, and our lives. Throughout the vicissitudes of this earthly existence the happiness of our children is always nearest our hearts. Ray Lyman Wilbur has well said, "Every child is our child."

Civilization is greatest which does the most for the advancement of child welfare. Peculiarly enough, we of the dental profession have heretofore been battling against the oncoming tide of dental disease and deformity by fixing our eyes on the adult. Consequently, we have not only failed to make a positive impact against the overwhelming rush of dental disruption, but we have wasted much valuable energy in the hopeless and socially futile effort to effect a cure instead of inhibiting the necessity for that cure. Knowing the truth to be as it is, that dental disease is markedly increasing, we must look the facts squarely in the face and direct ourselves to the logical recipient of consideration, namely, the child. It has been commonplace to hear the dentist say that he did not find it economically profitable to practice dentistry for children. Indeed, before the advent of the present and past decade, the trite formula of accepted dental practice was essentially that of adult restoration and attempted cure. Since facts have proven that such a mode of professional locomotion is a lame one, and that its crutches are of little avail in bringing to optimum effectiveness the immense potentialities of dental health service, there is not a single good reason why we should continue to hobble about, getting nowhere. The real test of our ability to make good will be demonstrated in meeting the challenge of the day by focusing our preventive efforts in behalf of the child and in committing our ardent support to dentistry for children.

Having brought up the question of the claimed economic hindrance, as the dentist saw it, let us analyze that viewpoint. While it has been undeniably true that parents and the community were never more passively impressed with the importance of pedodontic service, they nevertheless were not antagonistic to sensible reasoning and education, and the cold fact is that the fault lay just as much on our side as it did on theirs. The dentist was not sufficiently concerned in arousing the desire for such service. Actually, the real crux of the matter was that he usually never exerted himself, with some noble exceptions of course, in bringing home to the community the vital nature of dentistry as a health

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\*Submitted through the Committee on Cooperation, by Dr. J. E. Gurley, San Francisco, Calif., for the American Society for the Promotion of Dentistry for Children.

service to the child. And why? For *three leading* reasons: First, his educational background was woefully lacking in the resources requisite to a preventive state of mind. Second, the tempting fascination of large and easy fees via the road of adult restorative dentistry was as alluring as Adonis was to Venus, not forgetting the aftermath. Third, his mechanistic heritage and mechanical inclinations hindered the adoption of a policy of dentistry for children so opposite in nature to the prevailing regime for adults and so spiritually different in its motivation. By and large, we were all more or less involved in this gross dereliction.

But something happened—something always happens—and here and there, beyond the horizon, appeared an advance guard of advocates for children. This was just after the Great War. People had to settle down to the business of peace. Universally the child became the object of enhanced attention—children and youth had been forgotten. Outposts of dental health education sprang up and by the time the nineteen-twenties had arrived, dentistry as a health service, particularly preventive dentistry for children, was being seriously talked about by the community, health workers, educationalists, and the dental profession. In looking toward a future of justice, health, and contentment, socially minded persons realized that the growing world citizenry depended upon helpful solicitude for every child. Dental schools placed pedodontia in their undergraduate and postgraduate curricula, dental committees, societies, and study groups fostered attention upon children, health workers and teachers propagated the soundness of preventive dentistry, and what was very essential, dentists commenced to sincerely welcome children into their offices and into humanitarian institutions which provided, to some extent at least, for the indigent. (Noteworthy in this salubrious trend toward dental health activities was the organization of a national body of specialists and general practitioners, functioning today as the American Society for the Promotion of Dentistry for Children. Further, as a distinct contribution to the best of professionally owned and controlled dental periodical literature, we have accessible the Society's official quarterly publication, "The Review of Dentistry for Children." All of the objectives of this visualizing and practical organization should be earnestly fostered and eagerly nourished by every dentist.)

Dentistry for children is not consummated merely by lip service; it is satisfied only by actual practice. There is nothing too good for the mouth of a child. If there must be a choice between the parent and the child, the child should come first. Since the best preventive dentistry resides in the finest service we can render to children, we may take fresh impetus and assemble renewed vigor in the thought that therein we possess the most sustaining weapon of attacking potential dental disease and deformity, and the best means of helping to add more years of comfort and satisfaction to the lives of our fellow beings.

## A. D. A. RELIEF FUND

A list of all those in our State who contributed to the A. D. A. Relief Fund in response to the Christmas Stamp appeal has been received from the A. D. A. headquarters. It shows that quite a few of our members have overlooked sending "at least one dollar" for the worthy cause.

We are very fortunate and thankful that up to the present time our State Fund has not been needed, but is steadily growing, from part of the annual dues that goes to our Fund, and also from one-half of what our members contribute to A. D. A. Relief Fund.

Under the plan of the American Dental Association, half of all that our members contribute to the Relief Fund is immediately turned over to our own State Fund. In addition, the American will match with an equal amount what we contribute to a disabled worthy member, and in this way we can easily, when our Fund is called upon, get more from this large A. D. A. Fund than all we have contributed to the Relief Fund.

The A. D. A. Relief Fund amounts to \$380,000.00, which is invested in high-grade bonds, and only the interest is used for relief.

The states which do not have a Relief Fund are not supposed to share in the A. D. A. Fund. Every cent contributed goes into the Relief Fund, as the expenses are paid by the American Dental Association and individuals.

In the September number of the A. D. A. Journal a list of the previous year's contributions was published. It showed that the average per member of the American was over forty-eight cents, while the average from North Carolina was only twenty-four cents. Many of our states are hoping to bring their contributions up to not less than 100%.

The Raleigh Dental Society, before the stamps were sent out, again set an inspiring example by sending a dollar for each member. Lexington also established a 100% example this year, and it is hoped that the dentists in *many of our towns will see that they*, too, will show 100% when on February the first a report of all who give during this month will be reported.

At present the third district is leading the other districts.

The Relief Fund is handled in a way not to embarrass the dentist or his family, and quite a few of our brethren, who were once prosperous and active, have and are now thanking God for this fund that brings them comfort and has kept them out of the poorhouse.

Let those of us who have misplaced the stamps, or overlooked this opportunity for giving aid and comfort to our distressed brethren, for the sake of our State's reputation and ourselves, send *at once our contribution* to the "Relief Fund, to American Dental Association, 212 Superior Street, Chicago, Illinois."

## GREETINGS TO ALL COMPONENT SOCIETY AND A. D. A. MEMBERS

The New Jersey State Dental Society gladly welcomes the opportunity of serving as host to the American Dental Association for its Seventy-Ninth Annual Meeting at Atlantic City during the week of July 12th.

A most cordial invitation is extended to every member of the national organization to participate in what will undoubtedly be a high-water mark in the annals of the American Dental Association.

Atlantic City during July will be at its best and its facilities for successfully staging a national convention are unsurpassed. Its Municipal Auditorium, which is the largest and most completely equipped in the world, is centrally located, directly on the ocean front, within easy walking distance of all hotels. Ample hotel accommodations are assured for all attending the convention at rates guaranteed by the hotels to be charged as stipulated.

The time selected for the meeting should prove ideal to plan a vacation trip to New Jersey's delightful seacoast, where, besides an unexcelled scientific program, there will be much in the line of entertainment for all dentists, as well as their wives and families.

The entire membership of the New Jersey State Dental Society is anxious to have you come, and it is sincerely hoped that you will plan to be among those present.

J. ROBERT K. MOODEX, *President*,  
*The New Jersey State Dental Society*.

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## "PREVENTIVE DENTISTRY IN THE INTEREST OF HEALTH" TO BE THEME OF 1937 A. D. A. MEETING

From a recent meeting of the local arrangements committee of the 1937 A. D. A. meeting at Atlantic City, N. J., comes the news that Dr. LeRoy M. S. Miner, President of the American Dental Association, has selected the theme for the meeting to be held next July 12-16. The very fitting subject of "Preventive Dentistry in the Interest of Health" has been chosen by Dr. Miner as the keynote of the convention.

That our President should consider the preventive aspects of our profession in relation to health as deserving of special emphasis at an annual meeting is indeed a tribute to dentistry's lofty aspirations. While the statement of the theme may seem to be in the nature of a slogan, it is more than that—it can better be considered a pronounced principle.

Of course this does not mean that the subject of prevention will force all other matters of interest and importance to the profession into the

background. Rather will it increase the enthusiasm of every branch and service of dentistry as it is linked with the prevailing theme of the convention. All sections will present their own subject matter in their own way, the usual attention being given to every phase of the practice of dentistry, merely dovetailing the various phases with the main thought of the meeting—prevention.

It is indeed a wonderful opportunity for us to go forward in promoting the preventive aspects of dentistry both within and without the profession. We are offered a vehicle on which we can ride to new heights in the service of health. Let us extend ourselves to the limit in expounding "Preventive Dentistry in the Interest of Health."

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The 73d Annual Midwinter Meeting of the Chicago Dental Society will be held at the Stevens Hotel, February 15, 16, 17, and 18, 1937.

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The Virginia State Dental Society will hold their 1937 meeting at the Cavalier Hotel, Virginia Beach, May 10, 11, and 12.

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### CORRECTION

Dr. N. P. Maddux, of Asheville, advises that he did not oppose motion of Dr. F. L. Hunt regarding reinstatement to membership, page 97 of the Proceedings. Dr. Maddux says that he was not in Pinchurst on that date.

Such an error is regretted. The reporter labors under great difficulty, as it is well nigh impossible to get those who arise to talk to give their names. Let's cooperate with him more next year and avoid such errors as this. Thanks.

G. F. H.

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### NORTH CAROLINA INDUSTRIAL COMMISSION

#### RALEIGH, N. C.

##### *To Dentists and Dental Surgeons:*

The following Fee Schedule revises and supplements the Schedule adopted in September, 1931, and will apply to services performed on and after March 1, 1936, in the treatment of Workmen's Compensation claimants.

#### DENTAL FEES

Extracting each tooth without anaesthetic.....	\$ 1.00
Extracting each tooth with anaesthetic.....	2.00
Extracting each tooth after first, same sitting.....	1.00
Extracting when chloroform or ether is demanded, in addition to physician's fee, one tooth to five.....	5.00

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A.D.A. MEETING, ATLANTIC CITY, JULY 12, 13, 14, 15, 16, 1937

Each additional tooth to nineteenth tooth.....	1.00
Preparing mouth for denture.....	20.00
Bridge work, per tooth, abutments counting same as teeth, six anterior teeth .....	10.00
Bridge work, per tooth, bicuspsids and molars.....	12.50
Inserting one tooth on rubber.....	10.00
Inserting each additional tooth to five teeth.....	1.00
X-rays, \$2.00 first picture, full mouth.....	10.00
Inserting full upper or lower set in rubber.....	25.00
Replacing one tooth on gold or rubber.....	3.00
Replacing each additional tooth, same heat.....	1.00
Lingual bar plates bent clasps.....	40.00
Reduction of simple fracture of jaw, with splint application, flat rate for full treatment.....	50.00
Reduction of fracture of jaw, involving temporal mandibular joint.....	75.00

NORTH CAROLINA INDUSTRIAL COMMISSION,  
J. DEWEY DORSETT, *Chairman*;  
T. A. WILSON,  
BUREN JURNERY, *Commissioners*.

NC/ke

## CHARLOTTE DENTAL SOCIETY NEWS

The year of 1936 is history. We have written on its pages for 366 consecutive days. Each day has been carefully given to us, second by second. Not one moment has been permitted to usurp the least instant from the other, and neither has been permitted to delay its coming. What a Divine plan for our universe. What did you do with these golden days? All the money and anxiety of everyone cannot recall a brief part of any of them. The tracks are there like the tramping in newly fallen snow. Are you proud of them as you gaze in retrospect? Do they reflect some noble deeds? Have you found the joy of a day's work well done? Do they give you a pleasant and contented feeling as you enter into the New Year?

Now, as we look ahead—1937. Its joys and sorrows lie hidden in the future. We are not permitted to even a glimpse of what might happen this year. How are your thoughts running? Do you plan something lasting and worth while? Yes, you do. All of us think in those terms. To live so that at the close of a day we can lay by the many cares and enjoy the simple home life that has made this a great nation.

The Charlotte Dental Society, being a group of individuals banded together in the furtherance of dentistry, have happily gone about our task of last year. We enjoyed planning the work and found much satisfaction in the friendly reaction from our brother practitioners.

We have five well planned programs for the New Year before our term of office expires, and we look to the fulfillment of them with great anticipation and pleasure.

We pledge to the North Carolina Dental Society our full cooperation in every phase of this program, and shall join in the advancement of our noble profession.

DR. A. S. BUMGARDNER,  
*President, Charlotte Dental Society.*

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### TO LEARN OR NOT TO LEARN!

Somebody once said that if a man built a better mouse trap than his neighbors constructed, a path of patronage would find itself to his door, or some adage to that effect.

This may be true, and I agree with him in part, but why go into obscurity to accomplish this noble act. Would it not be better to build it on the main thoroughfare and have the advice and friendly criticism of his associate builders of mouse traps? All of which brings me to the thought that many of our profession seem to occasionally become possessed with the idea that it is better for them to stay in their offices and build that same model mouse trap while the rest of the world rolls by. It is the unusual for a man of ordinary intelligence to engage in conversation with his fellow man without adding something to his store of learning. Next to reading, this is one means of information and often proves a most valuable one, therefore in our profession our contacts and discussions with our fellow practitioner must offer us an opportunity to compare his viewpoint of the theories and arts of our profession with our own. The great Pasteur probably owed the success of his work on rabies antitoxin to the self injected attenuated viris of rabies, by one of his doubting fellow practitioners. It gave the cue to why his antitoxin had lost its power of transmission of the deadly rabies. Perhaps you and I and the other fellows building that mouse trap together will find the cue of greater success.

We have a great profession, each year growing more strongly imbued with the desire for the advancement of dentistry. This is particularly noticeable to the older men who see the recent graduates join the ranks of the profession with a knowledge of the science and basic arts of the profession which has taken us many years to acquire. These same gentlemen twenty years from now will probably feel the same toward the new graduates of '56, and they will find as we have found that continued progress and professional security depends upon the dentist's ability to live and develop with the advancement of the profession that is his life work. Some of these new graduates will be leaders in their profession because they will have the alertness to swing on the "Stream-line" and the willingness to pay the extra fare of study and application; others will wait for the local, and the rest will ride on the freight.

The North Carolina Dental Society has built a streamline track and the only extra fare is a membership, and the ambition to avail one's self of the advantages which it brings to our door. At the present time it looks like this organization has signed on a real engineer in Gene Howle with his extension course program. The work, thought, and effort which he has put into this program is most certainly worthy of a hundred per cent coöperation from the personnel of the profession in our State. We will soon have right in our midst clinicians that are professional leaders and teachers. The only justification that we can have for staying away from these clinics will be that we rate our knowledge above that of these clinicians. Look the list over and see if you can qualify. If so, the rest of us will make our bow to your accomplishments. Our first clinician, Dr. Ivey, is nationally known for his knowledge of the diagnosis and treatment of oral diseases. In a broadcast at San Francisco, Dr. LeRoy Miner, president-elect of the American Dental Association, made the following statement: "Not until diagnosis becomes the foundation on which the whole structure of dentistry is built, can it lay claim to be a learned profession or an important branch of the great art and science of healing."

I personally feel that we have a great opportunity confronting us and those that hesitate, remember, the fare is not more than the cost of a tire for your automobile and the ride may mean a new car and a block of stock in this next bull market, or better still, a renewed enthusiasm to build a "mouse trap" par excellence, 1937 model.

W. F. BELL, *President*,  
*Asherville Study Club*.

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## NEWS FROM LENOIR COUNTY DENTAL SOCIETY

The Lenoir County Dental Society meets monthly at the various local dental offices. The host of the occasion acts as chairman and is supposed to prepare a small clinic or paper for discussion. At each meeting we decide on the next meeting place. We stress punctuality and short meetings.

We are very proud of our group. Proud because we are cooperating and developing a personal liking and friendship that banishes a number of petty grievances and jealousies that often exist among professional and business men of a community. When a group of men get together occasionally and discuss their problems, successes, and failures, there is often implanted a feeling that probably never existed before. A feeling of regard and maybe sympathy for one who encounters patients and has the same trials and tribulations.

I recall that at our last meeting a discussion arose in regard to two of our competitors, about twelve miles away. It seems that these boys are

getting quite a reputation, not for their good dentistry but for their low fees. Can you imagine graduates of a reputable college in the last decade extracting teeth for fifty cents (50c), and putting in fillings for seventy-five cents (75c)? That is just some of the things these fellows are doing, and naturally when Mrs. Smith gets a bargain she acts as a radio and telephone combined, and as a consequence these same fellows get plenty of advertisement.

There was a feeling that probably we should discuss a means of competing with such prices. Well, I could vision all that we had strived for crumbling to earth. To lower fees means to lower standards. When anyone lowers their standard it is not long before they lower their confidence and faith in their fellow man. But the men showed their colors and it was a revelation to hear them argue against any such procedure. Fact is, I think we developed a few orators. I am safe in saying that all of us left feeling a little prouder of our profession and fellow dentists. It gave us an incentive to do better dentistry and when justifiable, raise our fees.

I strongly urge that all dentists in a community have an occasional get together and discuss their problems. You will soon find we are all brothers under the skin, and our troubles the same.

HERBERT SPEAR.

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EDITOR'S NOTE: We had hoped to build up an interesting section of the BULLETIN with the various local societies throughout the State contributing. However, there does not seem to be sufficient interest on the part of local society officers to warrant extended effort. Out of a total of ten letters to as many local society officers, three replies were received. However, should any local society feel that it has anything of interest or value to say, the BULLETIN will welcome the message. Copy must be in by the first day of January, April, October—the months of publication.

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#### COUNTIES BY DISTRICT IN THE NORTH CAROLINA DENTAL SOCIETY

##### FIRST DISTRICT—25 COUNTIES

Cherokee	Polk	Catawba
Clay	Buncombe	Caldwell
Graham	Madison	Lincoln
Macon	Mitchell	Cleveland
Swain	Yancey	Gaston
Jackson	McDowell	Ashe
Haywood	Rutherford	Watauga
Transylvania	Avery	
Henderson	Burke	

## SECOND DISTRICT—14 COUNTIES

Alleghany	Rowan	Forsyth
Wilkes	Cabarrus	Surry
Alexander	Mecklenburg	Stokes
Iredell	Union	Yadkin
Davie	Davidson	

## THIRD DISTRICT—14 COUNTIES

Rockingham	Moore	Chatham
Guilford	Montgomery	Orange
Caswell	Stanly	Durham
Person	Anson	Alamance
Randolph	Richmond	

## FOURTH DISTRICT—14 COUNTIES

Granville	Johnston	Scotland
Vance	Harnett	Robeson
Warren	Sampson	Bladen
Franklin	Cumberland	Lee
Wake	Hoke	

## FIFTH DISTRICT—33 COUNTIES

Currituck	Edgecombe	Washington
Camden	Duplin	Tyrrell
Pasquotank	Onslow	Dare
Perquimans	Pender	Hyde
Chowan	New Hanover	Craven
Gates	Brunswick	Carteret
Hertford	Wilson	Pamlico
Bertie	Greene	Jones
Northampton	Pitt	Lenoir
Halifax	Martin	Wayne
Nash	Beaufort	Columbus

## DISTRICT SOCIETIES

### DISTRICT SOCIETY OFFICERS, 1936-1937

#### FIRST DISTRICT

President.....	DR. S. P. GAY, Waynesville
President-Elect.....	DR. S. E. MOSER, Gastonia
Vice-President.....	DR. C. S. MCCALL, Forest City
Secretary-Treasurer.....	DR. W. E. CLARK, Asheville
Editor.....	DR. DAVID ABERNETHY, Hickory
Delegates—	DR. S. P. GAY
	DR. W. E. CLARK
	DR. O. C. BARKER
	DR. B. F. HALL
	DR. P. P. YATES

#### SECOND DISTRICT

President.....	DR. J. P. BINGHAM, Lexington
President-Elect.....	DR. D. W. HOLCOMB, Winston-Salem
Vice-President.....	DR. O. R. HODGIN, Thomasville
Secretary-Treasurer.....	DR. J. HOMER GUION, Charlotte
Editor.....	DR. C. D. WHEELER, Salisbury
Delegates—	DR. J. P. BINGHAM
	DR. J. HOMER GUION
	DR. JOHN R. PHARR
	DR. G. A. LAZENBY
	DR. R. E. SPOON

#### THIRD DISTRICT

President.....	DR. C. A. GRAHAM, Ramseur
President-Elect.....	DR. D. T. CARR, Durham
Vice-President.....	DR. R. A. WILKINS, Burlington
Secretary-Treasurer.....	DR. W. R. MCKAUGHAN, High Point
Editor.....	DR. H. W. THOMPSON, Hamlet
Delegates—	DR. C. A. GRAHAM
	DR. W. R. MCKAUGHAN
	DR. DAN T. CARR
	DR. GRAHAM PAGE (L. G.)
	DR. C. I. MILLER

#### FOURTH DISTRICT

President.....	DR. L. J. MOORE, St. Pauls
President-Elect.....	DR. EVERETT L. SMITH, Raleigh
Vice-President.....	DR. J. A. JERNIGAN, Dunn
Secretary-Treasurer.....	DR. C. W. SANDERS, Benson
Editor.....	DR. R. M. SQUIRES, Wake Forest
Delegates—	DR. L. J. MOORE
	DR. C. W. SANDERS
	DR. J. W. WHITEHEAD, Smithfield
	DR. W. L. MCRAE, Red Springs
	DR. J. A. JERNIGAN

## FIFTH DISTRICT

President.....	Dr. W. L. HAND, New Bern
President-Elect.....	Dr. R. F. HUNT, Rocky Mount
Vice-President.....	Dr. L. J. DUPREE, Kinston
Secretary-Treasurer.....	Dr. A. T. JENNETTE, Washington
Delegates—	Dr. PAUL E. JONES, Farmville
	Dr. Z. L. EDWARDS, Washington
	Dr. W. T. RALPH, Belhaven
	Dr. W. L. HAND, New Bern
	Dr. A. T. JENNETTE, Washington

## FIRST DISTRICT

At the annual meeting of the First District Society held in Asheville, knowledge in the form of practical helps for everyday practice and pleasure in the form of social contacts were gained by the men attending. Dr. Carl Hoffer of Nashville, Tenn., was the visiting clinician. Dr. O. C. Barker's fare well address stressed the benefits of determined learning to increase efficiency and the value of coöperation in building better societies and advancing the profession.

Other matters discussed were: (1) The publishing of all District programs under one cover (which seems to be a *very* good idea); (2) The advisability of adopting new laws concerning the advertising dentist; (3) That former members be reinstated with less penalty in order to gain new members, and (4) The necessity of coöperation between the State board of examiners and the men they represent. (5) A plan was discussed by which the editor of the District was to be furnished news from the component societies, but details will be worked out later.

The proposed extension courses were read and explained. Opinions were varied but all were of the opinion such a plan would be beneficial. If it will develop clinicians causing us to have better District and State meetings as well as gaining national prestige for the State, we are for it. The men who are central figures in this work deserve much praise and all our help to make it a success.

The following men were accepted as members: W. M. Sloop, William Davenport, Gordon C. Young, F. S. Abernethy, W. H. Parker, J. M. Cheek (re-instated).

## TRI-COUNTY NEWS

An entirely different type of program was given at our last meeting in Hickory. A business man, Mr. O. Simmons, gave us a "patient's eye view" of dentists and dentistry, entitled the "Layman's View of Dentistry." Surely it was commercial but haven't we all been guilty of letting bills slide and of improperly extending credit? Lots of us would like to do a fourth less work and get paid for *all* we do.

A step which we expect to be of inestimable value in the future was the organization of the dental assistants in our Society. Greater efficiency should be the result of this move. Miss Sara Heilig, who was trained in the Chicago School of Nursing, was elected president of this group, which met separately.

The Tri-County Society was practically unanimous in its acceptance of the extension course. Great things are expected from it.

It seems to me:

That the small Societies will eventually be the "extension schools" where individual instruction will be obtained.

Did you know that:

C. B. Yount, Carl Mott, "Pappy" Abernethy, and Dan Brown went hunting the other day and arrived at the place before they discovered they had forgotten the dogs?

Carl Mott always arrives any place at "Half Past" and leaves at the same time?

Bowling is good exercise for the "overworked" dentist?

Dr. Shuford Abernethy was married recently?

That we need some pictures in our Bulletin to illustrate some of the tall stories some of these fellows tell?

Visiting other Societies is interesting and educational?

Those fellows in Charlotte are "live wires"?

Pitt Beam was a Bear Hunter?

We are going to make this Bulletin the best in the country?

We wish you all the best of everything in the coming year?

DAVID ABERNETHY.

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The officers of the First District feel that 1936 has been a very successful year under the capable leadership of its immediate past president, Dr. O. C. Barker. The meeting in Asheville in October was unusually interesting and instructive. The clinics were better attended in proportion to the members registered than any meeting I ever attended. This of course is proof that the dentists of the First District are becoming more interested in dentistry.

The First District has two dental societies which are not component parts of the District Society. They are the Tri-County Dental Society, composed of Catawba, Burke, and Caldwell counties, and the Asheville Dental Study Club.

The Tri-County Dental Society meets once each month, alternating its meeting places in the various towns of the three counties. The programs are usually made up of clinics or papers presented by one of the members. They also have a social hour after each meeting, which develops friendship and fellowship to a great degree.

The Asheville Dental Study Club meets regularly each month in Asheville. A member is appointed one month in advance to have charge of the following meeting. Usually that member selects an outstanding article from the Journal of the A. D. A., studies it, and then either reads or gives a synopsis of it at the meeting. Each member is notified in advance as to what article has been selected and given an opportunity to prepare himself for an interesting discussion. By this procedure each one is able to contribute something by way of discussion. Everything new in the science of dentistry as well as the art of dentistry is brought before the club.

It has been my experience as a member of the First District and State Dental Societies and the Asheville Dental Study Club that the friendship and fellowship developed at meetings of these organizations has meant a great deal to me as a dentist, besides the knowledge I have obtained.

It is my belief that good will and understanding among the dentists themselves will do more toward advancement in our profession than most of us realize, and is needed more today, perhaps, than ever before. Why do I make this statement? Because within a short time some form of socialized dentistry

will be forced upon us and it is our duty as an organized body to take the initiative, so far as possible, in seeing that the best kind of program possible is worked out. We shall need the understanding of every man in the dental profession when this time comes. So let's develop friendship and fellowship by attending our dental meetings.

#### RESOLUTIONS FOR DENTISTS OF NORTH CAROLINA, 1937

1. To practice more preventive dentistry.
  - a. By a more thorough examination of the entire oral cavity and correcting those faults and disturbances that lead to diseased conditions later in the patient's life.
  - b. By doing more and better prophylaxis work.
  - c. By teaching patients individually the correct use of the toothbrush, or any other instrument necessary in taking proper care of their teeth.
  - d. By teaching patients the importance of a balanced diet and how that diet may be obtained with the knowledge of foods which we possess.
2. To attend every dental meeting possible.

S. P. GAY,

*President, First District.*

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The many friends of Dr. W. F. Bell, of Asheville, will be happy to learn of a well deserved recognition: His election at San Francisco in 1936 as President of the National Association of Dental Examiners.

Dr. S. P. Gay entertained the Asheville Dental Study Club at a dinner in Waynesville during December. A splendid meeting was held, thanks to a wonderful host.

Dr. Jack Sinclair attended the Florida State dental meeting representing the Economics Committee of which he is Fifth District Chairman.

Col. Bill Lanier of U. S. Veterans Bureau was essayist at the first get-together meeting of the University extension course.

Pitt Beam killed a "terrible" buck at Siniard Creek Hunting Lodge. Another one got away, hit either by a bullet or falling timber. The club president has written Pitt requesting that he make a donation to the club for reforestation.

Dr. Fred Hunt read a splendid paper in Charlotte last month.

Dr. Walter Clark is proving a snappy secretary and a hard collector of dues for the First District.

Drs. Carl Weaver and Harry Keel, tenderfoot "bar" hunters, shot snake eyes when the "bar" ran between them. Too bad the guns were racked in a nearby spruce.

Dr. Billy Bell and Jack Sinclair will attend the Chicago Midwinter Clinic in February.

Dr. Louis Mann spent Christmas in Florida.

## SECOND DISTRICT

The sixteenth annual meeting of our Second District Dental Society was held at Statesville on October 12-13. The attendance was good and we had a splendid scientific program. Statesville entertained us in a most gracious manner. Our Statesville dentists are a fine group of men and show a spirit of real coöperation and fellowship in their local society.

Our seventeenth annual meeting will be held in Salisbury on Monday and Tuesday, October 11-12, at the Yaddin Hotel. Though this meeting is some time off our committees are already at work.

The Program and Executive Committees held a joint meeting at Dr. J. W. Zimmerman's office in Salisbury in November. At this time plans were made for a scientific program for our October meeting. It was decided to invite two major lecturers and clinicians for the Salisbury meeting. One on Partial Removables, the other on Operative Dentistry; stressing cavity preparation and various fillings. Since this meeting the Program Committee has already been in touch with men outstanding in these two fields. The Committee is endeavoring to arrange a program of practical value. We feel sure this program will merit the attendance of each member of our District Society, and we hope to have a goodly number of visitors from the other Districts. Dr. J. A. McClung is the efficient Program Committee Chairman and is ably assisted by Dr. Harry Keel, Dr. J. W. Zimmerman, and Dr. T. P. Williamson.

Dr. D. W. Holcomb, Chairman of our Membership Committee, tells me that his committee is planning an intensive drive for new members in January. We hope this campaign will succeed in bringing back into the Society those who have dropped out, as well as securing many new members.

At our Statesville meeting a special committee was named to handle Dental Relief for our District. Dr. John Pharr of Charlotte is chairman of this important committee.

Of mutual interest and concern to dentists throughout the State is the Post-graduate or Extension Course that is being sponsored jointly by the North Carolina Dental Society and the University of North Carolina. The Second District is allotted three groups, viz.: Charlotte, Winston-Salem, and Salisbury. It appears now that by the time the canvas is completed we will have from 110 to 125 members from our District to take this valuable course in post-graduate work. Lexington, Thomasville, and Statesville have enrolled 100 per cent. The Charlotte group has already signed up 40 members, Winston-Salem 40, and Salisbury 20.

Let every man in our District who possibly can enroll do so. We should enroll virtually our entire membership. I believe this is the best plan we have ever had for the personnel of our State and District Societies. It not only brings to our very doors four men, each outstanding in his field of dentistry, but will tend to develop latent talent in the various groups and will stimulate interest in modern dentistry throughout the State. Our hats are off to Dr. "Gene" Howle and committee for this splendid plan.

Of local interest concerning the lecture course: Winston-Salem will have two lecturers for each group meeting instead of one as originally planned. The Winston-Salem Society is active and wide awake under the excellent leadership of Dr. F. C. Mendenhall, president, and Dr. Carl A. Barkley, secretary.

The Charlotte Dental Society is to be congratulated upon the fine programs they are putting on in their local Society. They plan to have an able lecturer and clinician for each monthly meeting throughout the year.

Unique among local Society publications is the Charlotte Dental News, published by the Charlotte Dental Society. This is, indeed, a splendid sheet. Congratulations to Dr. A. S. Bumgardner and his associates.

An annual custom of the Rowan County Dental Society and Medical Society is to meet in January jointly in banquet and program to discuss their mutual problems. Why can't more of our counties organize and develop a closer fellowship, a spirit of coöperation and understanding between themselves and the medical fraternity? May more of our towns form local societies for our common good.

I would like to stress the importance of organized study groups. We must keep abreast. Let us remember that dentistry is a science, a learned profession. We can no longer be termed "tooth carpenters." May we realize and live up to our realization that dentistry is one of the most useful and beneficial professions in our great Commonwealth.

J. P. BINGHAM.

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Dr. P. L. Feezor of Lexington has been recently elected a member of the Davidson County Board of Education.

We are sorry to learn of the passing of Dr. G. C. Bernard of Kannapolis. Dr. Bernard leaves a large practice and a host of friends. We extend our deepest sympathy to Mrs. Bernard.

Lexington, Thomasville, and Statesville have enrolled one hundred per cent in the Post-graduate Lecture Course in Dentistry which is being sponsored by the University of North Carolina and the North Carolina Dental Society.

Dr. J. Donald Kiser was married to Miss Lillie Mae Mosteller, Sunday, October 4, at 4 o'clock at the First Baptist Church, Charlotte.

Dr. W. L. Kibler of Charlotte attended the world series games in New York.

Dr. Heywood Ross, who has been associated with his brother, Dr. Grady Ross, in the Independence Building, has opened offices in the First National Bank Building.

Drs. Z. V. and V. B. Kendrick, brothers, are opening offices in the First National Bank Building.

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### THIRD DISTRICT

The Third District Dental Society was fortunate enough to be invited to convene in the hospitable, thriving, energetic city of High Point. Consequently, realizing the advantages of this offer, that is where the 1936 Third District Session was held. And though it may be true we haven't met in High Point for several years, don't let anyone entertain the idea in his head that those High Pointers have forgotten how to treat visitors while in their midst. As hosts they were the most pleasing, congenial, thoughtful group of men I have mingled with in some time. Everything was shipshape. The program and clinics, diversified in scope and very instructive, were given mostly by North Carolina men. There were, however, one or two out-of-State essayists and at least one clinician from one of our sister Districts. These visitors, along with our most outstanding District clinicians, created a very inviting and interesting program. It was, indeed, a very satisfactory and pleasant meeting to all who attended.

At this point something should be said in recognition of the hardest working groups in our District. Praise should be rendered where mostly deserved, and there should be no doubts in the minds of the men of our District as to

where this commendation should be placed. The untiring, faithful services rendered by the Guilford County and Alamance County groups, along with the Durham boys, make them the true backbone of our District. This opportunity is being taken to express heartfelt thanks and appreciation from all other District members to these groups for their noble services.

And now, as the long, dreary, winter months glide silently by, the sun begins to show itself more frequently, bringing more cheer and thoughts of springtime. The thought of springtime naturally suggests to members of the dental profession the time of year in which the greatest activities of our profession reach their climax. We stop and recall that in a short time the annual meeting of the North Carolina Dental Society will be here. Once again, the meeting place this year is Pinehurst, in the center of the State, thus making the men of the Third District hosts to our greater organization. Our District cherishes the fact that we have again been chosen as hosts to the State Society. It is, indeed, a great privilege and an honor, and we are looking forward to seeing every member of the dental profession at Pinehurst, May 3, 4, 5, 1937.

H. W. THOMPSON, *Editor.*

*Third District.*

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Dr. T. Edgar Sikes, after 18 months of inactive practice due to ill health, is now permitted to work two hours in the morning and two hours in the afternoon, from 9:30 to 11:30, and from 3:00 to 5:00 respectively.

Attending an alumni banquet not long ago, I had the pleasure of meeting Dr. Wood, one of Dr. Ernest Branch's boys. Dr. Wood proved to be an unusually pleasing and attractive personality, the type of leader we need to put dentistry across to the youth. And by the way, we always look forward to the visits of Dr. Early—another attractive personality.

Besides enjoying a very lucrative practice, Dr. J. F. Williamson of Anson County is an ardent lover of the pursuit of Reynard.

Dr. R. T. Nichols, pioneer dentist of Richmond County, and a very successful farmer, is one of the most affable and entertaining characters I have met.

One of the most all around active members of our profession in the Sandhills is Dr. B. W. Williamson. He not only supervises a large practice but is an extremely successful peach grower, president of Building and Loan, mayor of his city, and dental representative on the County Board of Health.

Dr. L. G. Coble has recently returned from New York where he attended the Greater New York Dental Meeting. He reports a large attendance and a very interesting meeting.

There is much interest and enthusiasm being shown in the area of Greensboro for the proposed Extension Course. Dr. J. T. Lasley, Chairman of this area, states that he has signed up nearly all the men in Greensboro, and with some of the nearby towns to be heard from it would seem that this area will have well over 90 per cent enrollment.

Dr. P. B. Whittington and his medico brother, Dr. C. T. Whittington, entertained the dentists and physicians at the Guilford County Club recently with a venison barbecue. The attendance was large and a good time was had by all.

Dr. R. L. Underwood and Dr. C. A. Graham returned last week from Lake Mattamuskeet where they hunted ducks. Dr. Underwood states that he saw more jailhouses on this trip than he saw ducks.

Dr. Charlie Teague has made several short business trips to Danville, Va., during the holidays.

Dr. J. F. Amick, chief dental surgeon of the Soldiers Home, Marion, Indiana, recently spent several days with friends and relatives in this section.

Dr. J. T. Lasley is recovering from a sprained knee. The accident occurred at Knotts Island where he was hunting ducks with a party of friends.

Drs. L. G. Coble and A. W. Craver are remodeling their offices in the Jefferson Building and adding additional space.

The dental profession lost a valuable member and the community a valuable citizen in the passing of Dr. E. P. McCutcheon the latter part of December. Dr. McCutcheon began the practice of dentistry about eight years ago in Durham. He was an alumnus of Duke University and the Atlanta Southern Dental College and availed himself of graduate work at Northwestern University. At the time of his death he was president of the Durham-Orange County Dental Society. Suitable memorial will be prepared by the Necrology Committee for our State meeting.

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## FOURTH DISTRICT

### TO THE FOURTH DISTRICT AND OTHERS

My hat is off in thanks and appreciation to Dr. Eugene B. Howle and his committee on the Extension Course. Through the Extension Bureau of the University of North Carolina, they have arranged to give us in the year 1937 a course of clinical study in four important subjects, under four of the most outstanding dentists in this country. These men are not only good teachers but are men of wide, practical experience in their fields. We in North Carolina are exceedingly fortunate, for these extension courses, sponsored by institutions of learning, and brought practically to our very doors, are offered in few, if any other states.

If we serve our clientele as we should, we must know the latest and the best methods of diagnosing and relieving the various diseases and lesions which we are called upon to treat. There is no better method of preparing ourselves to perform this, our chosen work and duty, than by occasional courses of study in the different branches of our profession, under the direction of successful practitioners of wide experience.

Some of us had the pleasure recently of hearing one of these clinicians in Richmond, but at about double the cost we will pay for all four of the clinicians under the plan worked out by our committee.

Who of us does not feel the need of more knowledge and skill in our profession? The majority of us, however, cannot afford to leave our practice and go away to take these special courses. But our committee has arranged to bring these teachers and studies to or near our home towns where we can attend without loss of an hour from our offices.

Many of us feel that we cannot afford the expense of post-graduate instruction. Now, through the Extension Department of our University, we are offered this wonderful opportunity and at a nominal cost—within our every reach financially as well as geographically. How and where else can we get so much for the expenditure of so little time, so little effort, so little money?

Men of the Fourth District, and others: No one of us can afford to miss a single session of this proffered instruction. Let us record our appreciation by registering 100 per cent for these courses, and enjoy together this unparalleled privilege.

R. M. SQUIRES.

## THE PROFESSIONAL PROBLEM

When I speak of the professional problems, I have in mind the fulfillment of definite professional obligations to our patients. When they come to us for service, they pay for confidence, and if they are fortunate, they also obtain good dentistry. More patients should leave the dental office with better dentistry than they are receiving. We are obtaining money under false pretenses if we do not justify the confidence placed in us. When money becomes the sole object of our pursuits, dentistry ceases to be a profession.

When we see thousands of silver restorations leaking (and those I have placed are no exceptions), uncarved, with overhanging margins, lacking contact, retention and marginal ridges, we wonder what right we have to practice dentistry. If we fail to perform the simplest and commonest dental operations required in our daily practice, and when we examine the mouths of our patients whose dental restorations have been completed and find more work remaining undone than was performed, we feel the patient has been victimized.

Going a little further, what about the countless ill-fitting inlays, bridges, and dentures for which the patients have paid and cannot wear with any degree of comfort or satisfaction?

The Extension Course that has been outlined by the committee working with Mr. Grumman of the University of N. C. Extension Work has been very efficient, and opens to the profession of the State, an opportunity to improve ourselves.

The centers are so arranged that it is in easy reach of every dentist in the State.

The fee is not prohibitive.

These two factors should be an incentive for our members to avail themselves of the opportunity to render a better and more efficient service to those whom we serve.

It isn't too late to enroll for this course. The first class or group meets in February. A large number has already enrolled. Get in touch with your group chairman nearest you—Dr. E. B. Howle, Raleigh, or Dr. D. L. Pridgen, Fayetteville. Either will give you the full details.

At the first get-together meeting of the Fayetteville group, Dr. Ralph Clement's clinic on the Wavrin Impression technic, proves to us the great possibilities of development in prosthesis.

This is evidence of what might be accomplished through group study.

Everything that touches your life, if you discover its proper use, every circumstance, every seeming misfortune, every person you meet, every dog that barks at you or wags his tail as you pass, all have some element of usefulness to you if you will find it. Study them all, for they are your opportunities.

Most men fail by waiting for some particular kind of opportunity, instead of being ready to seize every opportunity.

L. J. MOORE, *President,*  
*Fourth District.*

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Dr. Jessie Zachary-Moreland, who has been associated with Dr. H. O. Lineberger in Raleigh, moved to Highlands the first of January. Dr. Zachary bought the practice of the late Dr. E. R. Gilbert, and is now engaged in the general practice of dentistry at Highlands.

Raleigh and the Fourth District regret very much that we had to lose Dr. Zachary. She was not only a good practitioner but a very valuable citizen in the community. She had unusual interest and enthusiasm in the Raleigh and Fourth District Societies, having served as secretary and president of both of them. Our interest will follow her and we wish for her happiness and success up in those hills, from whence she came.

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## FIFTH DISTRICT

Our Annual District Meeting was held in Kinston in October, and I believe, turned out to be one of our best meetings. We had a very good attendance and we believe every man left with at least one good suggestion in his mind which will benefit him in his daily practice.

Dr. J. V. Turner of Wilson gave a most comprehensive paper and clinic on the use of Electro-coagulation technique in the treatment of pyorrhea. We are sure that all of us have hopes that this technique will prove of benefit to us and our patients.

By the time the Bulletin gets to the members of the Society, we will have passed over into a new year, and I trust that every one has left the old year a very successful one and that the future one will be even better. During the coming year won't you resolve to give our Society the very best that is in you? We have, I believe, one of the best Societies throughout the whole United States, and our Fifth District believes that it is as good as any of the others. Do not let us lag behind, but always keep striving for it to be even better.

In this same line of thought, it must be remembered that if your dues are not paid, you will eventually become suspended, therefore causing a great loss to the Society. Won't you make every effort to pay your dues now if you have not already done so? It is most confusing to the secretary and treasurer to have to collect at the State Meeting, and if you are one who is putting it off until then, it would be very much appreciated if you would send your check now.

The Fifth District closes the year with having added five new members with no suspensions for the year. So far, we have only four who have not paid their 1936 dues, and we trust that this will be attended to in the near future.

Another way in which the members can asset the Society is by reporting to the Chairman of the Membership Committee, Dr. R. F. Hunt, or to my office, any prospective, eligible man, in order that we may contact him and bring him into the Society. In the past, some several men have been obtained in this manner and have become very active in the work of the Society.

In closing, it is hoped that every man will take advantage of the Post-graduate Course, which will get under way shortly, as you are bound to be greatly benefited by it.

Do not fail to make your plans early for the State Meeting. As Pinehurst is centrally located, you certainly should attend the meeting.

A. T. JENNETTE.

Dr. and Mrs. J. F. Duke, of Washington, N. C., announce the birth of twin daughters, Jane Marsh and Jean Frances, on Monday the 21st of December.

Born to Dr. and Mrs. A. T. Jennette, on Sunday, October 11, a daughter, Duart MacLean Jennette.

Most of the Kinston men take a half holiday each Wednesday throughout the entire year.

Dr. J. G. Poole is likely to be found riding his horse. He is very fond of the steed, but I believe he could be persuaded to trade.

Dr. L. J. Dupree has a corn mill and is trying to establish some sort of a record in fattening hogs. Most of his spare time is spent at the mill. A profitable pastime.

Dr. T. H. Faulkner, our oldest practitioner, looks as young and acts as spry as any of us. He is an authority on bees and likes his Latin.

Dr. O. L. Wilson is probably spending his time practicing Christmas carols. He is quite a mainstay in the Methodist choir, having been in it for at least twenty years.

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All committees have been appointed for the Fifth District Meeting for 1937, and a tentative date set, which is the week of October 20. The goal for this meeting is *to have the best meeting ever held in the Fifth District*. We realize this will be a real job, for our last meeting was the best ever held, due to great deal of thought and cooperation of its members, with a double portion to President Massey and Secretary-Treasurer Jennette.

We have at last turned that corner which we all have been looking, hoping, and waiting for, and from all indications the North Carolina Dental Society is going to give its members the best and most far-reaching Post-graduate Course in its existence. The plan and personnel cannot be surpassed.

In the past, one of the biggest handicaps has been the lack of cooperation. When we have been asked to assist, write a paper, give a clinic, function on a committee, or otherwise help, we have been extremely lax. This, I think, is being rapidly overcome, as was demonstrated in one of our recent group meetings, when whatever a member was asked to do, he accepted in a way that meant "I will do my best." With this spirit predominating in our Society, you can easily visualize the results.

I can see great results for those attending this Post-graduate Course now being planned.

That latent talent so essential for leadership will be more readily developed, as *some of these* lectures will be given by our own members. In this way it will familiarize the members more thoroughly with the topics to be discussed, better than any previous course we have ever had.

With each one doing his part, whatever that part may be, we will accomplish the real thing, and the ultimate results will be beyond our fondest hopes. This one feature of the course will mean more to our Society than any other single move ever made since the Society was divided into Districts.

With this same spirit manifested in the membership of the North Carolina Dental Society you will want to be there, for things will be happening that you cannot afford to miss, and I, as president of the Fifth District, urge each and every one to attend.

W. L. HAND, *President,*  
*Fifth District.*

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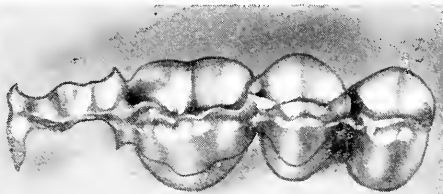
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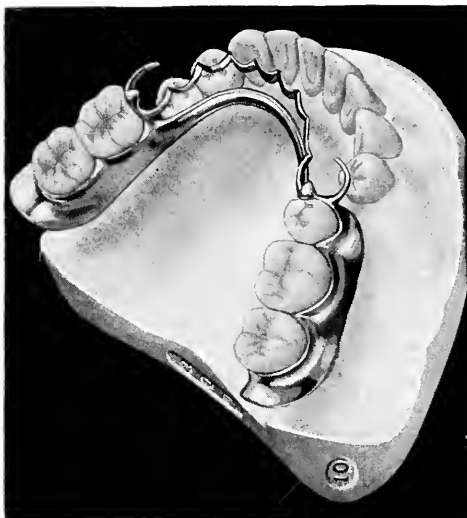
OFFICIAL PROGRAM  
OF THE  
SIXTY-THIRD ANNUAL MEETING  
AT THE  
CAROLINA HOTEL  
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MAY 3, 4, 5, 1937

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Vol. 20

APRIL, 1937  
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# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

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APRIL, 1937

No. 4

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## PRESIDENT'S PAGE

Within these pages will be found the program of the sixty-third annual meeting of the North Carolina Dental Society, which is the culmination of the year's work of your officers and committees. In its preparation much time, thought, and energy have been expended by those charged with the responsibility; and we believe that it will at least equal any we have had in the years past.

The visiting essayists and clinicians are all men of national repute and possessing outstanding ability, selected after careful consideration and with the view of bringing to you topics of interest, and from which you might receive the greatest amount of instruction.

The contributions from our own members will, of course, comprise the larger part of the program. Willingly and unselfishly these men have responded to our call, and we need make no apologies for what they have to offer. No state society of equal strength can boast of better clinics at their annual meetings.

We desire to extend our thanks and appreciation to essayists and clinicians, both visiting and local, who have consented to appear on this program, and may we hope that it will merit the approval of all in attendance.

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ATTEND YOUR STATE MEETING AT PINEHURST

You will observe that in our arrangements for the meeting, the social side has not been neglected. Entertainment has been provided for the members as well as their ladies. In fact, all that is necessary to make this meeting an outstanding success is your presence. So everybody come and enjoy the full benefits of the occasion. We shall be waiting to greet you.

D. L. PRIDGEN.

### BIOGRAPHICAL SKETCH OF CHARTER MEMBERS

Elsewhere in this issue of the Bulletin you will find a short article by Dr. J. Martin Fleming which should command your attention and enlist your support. Dr. Fleming very generously proposes to write a short biographical sketch of Charter Members of the North Carolina Dental Society whose memory has heretofore not been honored. Among those in the forgotten list is Dr. Jas. E. Kea, born in 1818, whose life must have represented a more or less elastic stretch of organization of about a century. These biographical sketches will be revealing and interesting not only to us but to future generations. Coöperate with Dr. Fleming and send any information to him about any of those he has mentioned in his article. Look around in your community and learn if anyone is familiar with these "Forgotten Charter Members," and if so, communicate with Dr. Fleming.

### THE FORGOTTEN CHARTER MEMBERS

Beginning with an early issue of the Bulletin, the editor willing, it is my purpose to publish a short biography of what we might term "The Forgotten Charter Members of the North Carolina Dental Society," using one such article in each issue of the Bulletin until we have published something about each one.

The original charter members numbered fourteen and, of these, memorials of eight have been prepared and published in the proceedings. This leaves six about whom no word of history or memorial appears in the proceedings, except the bare fact that they were charter members.

These are their names:

Dr. Jas. E. Kea.....	1818-1908
Dr. C. J. Watkins . . . . .	1837-1910
Dr. Isaiah Simpson . . . . .	1839-1911
Dr. R. W. Joyner . . . . .	1841-1903
Dr. S. S. Everitt . . . . .	1844-1885
Dr. Geo. L. Shackelford . . . . .	1848-1903

Most of these, as you will notice, were born about one hundred years ago, and all, with but one exception, have died during this century.

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ATTEND YOUR STATE MEETING AT PINEHURST

Yet we find it difficult to obtain the most meager information which might be used in preparing even the simplest memorial. Therefore, we would like to make this simple request, and that is if you know anything of any one of these, you would please notify me at as early date as possible. Even the name of someone I might write to would be of great aid. Your help will be appreciated.

J. MARTIN FLEMING.

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## NORTH CAROLINA'S PUBLIC SCHOOL DENTAL EDUCATIONAL PROGRAM

*By J. N. JOHNSON*

North Carolina's public school dental program is receiving nationwide attention. The Director of the Division of Oral Hygiene is now in Texas, where he has been for two weeks, speaking from three to five times daily in the different towns and cities.

Dr. Branch was loaned to Texas by your Health Officer, Dr. Carl V. Reynolds. The State Board of Health feels proud of its Division of Oral Hygiene, and, too, of its director. In this connection I am reprinting a letter from the State Health Officer of the great state of Texas, commending the good work being done in his state by Dr. Branch. I believe that this information will be of interest to the dentists of North Carolina.

STATE BOARD OF HEALTH  
AUSTIN, TEXAS

March 19, 1937.

Dr. J. N. Johnson  
Member, State Board of Health  
Goldsboro, North Carolina

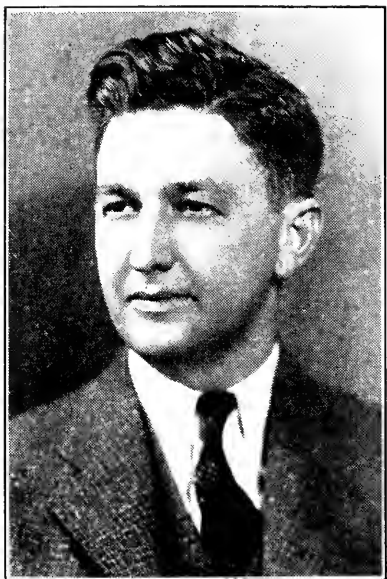
Dear Doctor Johnson:

I want to thank you personally for the very valuable service of your Dental Director, Dr. Ernest A. Branch, in his visit to Texas and his lecture tour.

This is indeed a fine spirit on your part and, so far as I can determine, is especially appreciated, not only by the Health Department, but by the public whom he has contacted in his first two weeks. Many fine reports have come to me regarding his efforts, and I want to say in his behalf that we consider him a man of unusual value and were impressed with his conscientious desire to assist us in getting this new program started. I am enclosing a copy of a memorandum which has just come to me from the County Health Officer at one of the counties where Doctor Branch spoke, as a sample of the reaction to his visits.

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ATTEND YOUR STATE MEETING AT PINEHURST



DR. D. L. PRIDGEN  
*President*



DR. J. F. REECE  
*President-Elect*



DR. E. M. MEDLIN  
*Vice-President*



DR. FRANK O. ALFORD  
*Secretary-Treasurer*

We are looking forward to his return the first two weeks of April. I am writing Doctor Reynolds, asking him if it would be possible to have him for three weeks at that time, instead of two, since, according to our Director of Dental Health, Dr. Edward Taylor, it will require that much time to cover this big state as desired. With only two weeks there would be several strategic points that would have to be omitted. I am telling him that should there be additional traveling expenses for the extra week, we will take care of it. Of course, we would not want to work a hardship on your department.

Thanking you again for your fine, neighborly spirit and assuring you of our desire to reciprocate whenever possible, I am

Very truly yours,

Geo. W. Cox, M.D.,  
State Health Officer.

### PUBLIC HEALTH EDUCATION\*

"Public education is the most difficult and endless of social responsibilities, but the most vital.

"Public health education is one of the major problems of this great responsibility.

"No better exposition of a problem and an attack on a problem of this nature has been given in Texas in this writer's knowledge than that which is being made by Dr. Ernest A. Branch of the health department of the state of North Carolina.

"Dr. Branch has been loaned to Texas for two two-week periods by his state, with his expenses and salary paid by North Carolina in an extremely fine and valuable piece of neighborly coöperation.

"Yesterday, Dr. Branch brought in graphic and simple language the message of the problem of dental health education to several groups in Temple, and his story was so dramatic and so impelling that it sent every listener away inspired anew.

"In the field of public health, education along the lines of dental health, particularly in the schools, is one of the prime needs of this field of effort in Texas today.

"Some of Dr. Branch's remarks are printed elsewhere in this paper, but the story he tells could not be reproduced by any except him.

"It is pertinent to observe, however, that right here under our noses in our own central Texas communities exist hundreds of examples which cry out to the people of this section to support and encourage and fight for a public health program which will bring to the boys and girls of this section the realization of the full promise of life, which only good health can bring."

\*The above is copied from the *Temple Daily Telegram*, Temple, Texas, and speaks for itself.

There is evolving a keener appreciation of dental service in a public health program, and it is being brought about by just such methods as are employed by our Division of Oral Hygiene of the State Board of Health. Dr. J. N. Johnson, as a member of the State Board of Health, and Dr. Ernest Branch, as Director of the Division of Oral Hygiene, are rendering a splendid service to our people.

G. F. H.

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The practitioners of dentistry are bound by a tradition of long and honorable history to place any new knowledge gained in the practice of their art freely at the disposal of their professional brethren, without any concealment or any attempt to restrict its use for private advantage."—From the Dental News, Milwaukee County Dental Society.

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"What is wanted in order to keep men full of vitality is opportunity, not security. Security is merely a refuge from fear; opportunity is the source of hope."—From the Dental News, Milwaukee County Dental Society.

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"Horse sense is stable thinking."

—AUTHOR UNKNOWN.

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"Every right you have can only spring from a duty fulfilled; there can be no rights without duties; there are no absolute rights; all rights are conditional."

—MAZZINI.

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The professional man has no right to be other than a continuous student.

—G. V. BLACK.

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"I do not think I have seen during my seventy years of observation of the professions and the means of training them, any change so great as that which has taken place in regard to the dental profession and the means of training dentists."—From one of the last public addresses of President Eliot of Harvard (1869-1909).

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ATTEND YOUR STATE MEETING AT PINEHURST

## PAVLOV TO ACADEMIC YOUTH

Science, 83: 369, April 17, 1936

What can I wish to the youth of my country who devote themselves to science?

Firstly, gradualness. About this most important condition of fruitful scientific work I never can speak without emotion. Gradualness, gradualness, and gradualness. From the very beginning of your work, school yourselves to severe gradualness in the accumulation of knowledge.

Learn the ABC of science before you try to ascend to its summit. Never begin the subsequent without mastering the preceding. Never attempt to screen an insufficiency of knowledge even by the most audacious surmise and hypothesis. Howsoever this soap bubble will rejoice your eyes by its play, it inevitably will burst and you will have nothing except shame.

School yourselves to demureness and patience. Learn to inure yourselves to drudgery in science. Learn, compare, collect the facts!

Perfect as is the wing of a bird, it never could raise the bird up without resting on air. Facts are the air of a scientist. Without them you never can fly. Without them your "theories" are vain efforts.

But learning, experimenting, observing, try not to stay on the surface of the facts. Do not become the archivists of facts. Try to penetrate to the secret of their occurrence, persistently search for the laws which govern them.

Secondly, modesty. Never think that you already know all. However highly you are appraised, always have the courage to say of yourself—I am ignorant.

Do not allow haughtiness to take you in possession. Due to that you will be obstinate where it is necessary to agree, you will refuse useful advice and friendly help, you will lose the standard of objectiveness.

Thirdly, passion. Remember that science demands from a man all his life. If you had two lives that would be not enough for you. Be passionate in your work and your searchings.—Copied from *Dental Rays*.

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Written just before Pavlov's death, at the age of eighty-seven years, on February 27, 1936. Translated from the Russian by Professor P. Kupalov, chief assistant in the Pavlov Institute at Leningrad.

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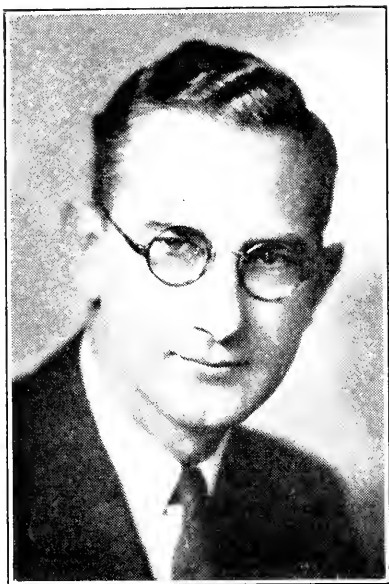
## DREAMS

*By* DR. MILTON J. ROSENAU

"Preventive medicine dreams of a time when there shall be enough for all, and every man shall bear his share of labor in accordance with his ability, and every man shall possess sufficient for the needs of his

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ATTEND YOUR STATE MEETING AT PINEHURST



**DR. WEBB B. GURLEY**

appears on the program Tuesday, May 4th, at 9:00 a.m., discussing "The Effects of Plastic Filling Material on the Dental Pulp."



**DR. J. BEN ROBINSON**

appears on the program Monday, May 3rd, at 9:15 p.m., discussing "Dental Education's Responsibility to The Profession."



**DR. PAUL H. JESERICI**

appears on the program Wednesday, May 5th, at 9:30 a.m., discussing "Some Recent Advances in Operative Dentistry."



**DR. VICTOR H. SEARS**

appears on the program Monday, May 3rd, at 11:30 a.m., discussing "Important Steps In Full Denture Construction."  
Progressive Clinic at 3:30 Monday afternoon.

body and the demands of health. These things he shall have as a matter of justice and not of charity.

“Preventive medicine dreams of a time when there shall be no unnecessary suffering, and no premature deaths; when the welfare of the people shall be our highest concern; when humanity and mercy shall replace greed and selfishness; and it dreams that all these things will be accomplished through the wisdom of man.

“Preventive medicine dreams of these things, not with the hope that we, individually, may participate in them, but with the joy that we may aid in their coming, to those who shall live after us.

“When young men have vision, the dreams of old men come true.”  
—Reprinted from the North Carolina Health Bulletin.

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If you wish to be miserable, think about yourself, about what you want, what you like, what respect people ought to pay you; and then to you nothing will be pure. You will spoil everything you touch; you will make misery for yourself out of everything which God sends you: you will be as wretched as you choose. —CHARLES KINGLEY.

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### ATTEND YOUR MEETING

Another year in the history of the North Carolina Dental Society is almost passed. As we review it, we are proud of the record, but there is still much to be done in the matter of increased membership in our society. There are yet many good men that we need. The years of extreme hardship and almost lost hope are now behind us. We are now entering a new era; once again we can look to the future with courage. I wish to thank the members of the membership committee and also those who have assisted them for their loyal coöperation during the year, and solicit their continued efforts during the remaining weeks before our meeting at Pinehurst. Let every member of the North Carolina Dental Society determine now to attend this meeting and make it the greatest meeting in the history of our Society. We owe it to ourselves and those whom we serve to be there and enjoy the fellowship, receive the instruction and the inspiration that is always ours.

J. F. REECE,  
*President-elect.*

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DR. ROBERT H. IVY

DR. ROBERT HENRY IVY BEGINS A SERIES OF EXTENSION COURSE  
LECTURES APRIL 19

Robert Henry Ivy was born at Southport, England, in 1881. He came to the United States in 1898. He entered the University of Pennsylvania, where he obtained the degree of D.D.S. in 1902, and the M.D. in 1907. From 1901 to 1903 was dental interne at the Philadelphia General Hospital, being one of the first two to serve such internship in the United States. From 1907 to 1910 he was resident physician at the Protestant Episcopal Hospital, Philadelphia. In 1910 began practice in Philadelphia as assistant to his uncle, Dr. M. H. Cryer, Professor of Oral Surgery in the University of Pennsylvania. He was appointed Assistant Instructor in Surgery in the Medical School and Instructor in Oral Surgery in the Dental School. On entrance of the United States into the World War, Dr. Ivy was commissioned Captain in the Army Medical Corps and called to the office of the Surgeon General at Washington as assistant to Major V. P. Blair in the organization of the Section of Plastic and Oral Surgery. With the rank of Major he went to France and served as consultant in maxillo-facial surgery at the Hospital Centers of Vichy and Clermont-Ferrand, treating many cases of injury of the face and jaws. In February, 1919, he was placed in charge of maxillo-facial surgery at the Walter Reed Army General Hospital, Washington, D. C., remaining on active duty there until November, 1919, and promoted to Lieutenant-Colonel. In 1920 Dr. Ivy was selected as one of the representatives of the United States Army at the Inter-Allied Surgical Conference, held in Paris. Since 1924 he has held the grade of Colonel, Medical Reserve Corps, and has acted as consultant in his special field at the Walter Reed General Hospital. In 1919,

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Dr. Ivy was appointed Professor of Clinical Maxillo-Facial Surgery in the School of Dentistry, and Professor of Maxillo-Facial Surgery in the Graduate School of Medicine of the University of Pennsylvania. He is Chief of Maxillo-Facial Surgery at the Graduate Hospital and the Presbyterian Hospital, and Consultant in Plastic Surgery at the Children's Hospital, Philadelphia.

Dr. Ivy is a member of his local, State, and National Medical and Dental Societies, Fellow of the American College of Surgeons, the American Association of Oral and Plastic Surgeons (past President), the American Academy of Ophthalmology and Otolaryngology, the College of Physicians of Philadelphia, the Philadelphia Academy of Surgery, the Academy of Stomatology, the Philadelphia Pathological Society, and is President of the W. W. Keen Chapter of the Association of Military Surgeons of the United States. He is President of the Doctors' Golf Association of Philadelphia. In 1934 Dr. Ivy was honored by Fellowship in the Imperial German Academy of Natural Sciences.

Dr. Ivy has made many contributions to the periodical literature of his specialty and is the author or coauthor of several books, among which are: *Applied Anatomy and Oral Surgery*, 1911; *Applied Immunology* (with B. A. Thomas), 1916; *Interpretation of Dental and Maxillary Roentgenograms*, 1918; *Essentials of Oral Surgery* (with V. P. Blair), 1923, 1936; *Fractures of the Jaws* (with L. Curtis), 1931; Chapter on Maxillo-Facial Surgery (with J. D. Eby), in "The Medical Department of the United States Army in the World War," 1924; Chapters on Surgery of the Mouth and Jaws, and Plastic Surgery, in *Nelson's Loose-Leaf Surgery*, 1927.

Dr. Ivy is an Episcopalian. He is a member of the University Club of Philadelphia, the Army and Navy Club of Washington, D. C., the Springhaven Country Club, the Military Order of the Loyal Legion of the United States, and the Military Order of Foreign Wars. Fraternities: Delta Upsilon Fraternity, Psi Omega Dental Fraternity, Alpha Mu Pi Omega Medical Fraternity, and Sigma Xi.

In 1912 Dr. Ivy was married to Norma Crossland at Barrie, Ont., and has two sons and two daughters, one of whom is a sophomore at Salem College, Winston-Salem, N. C.

Dr. Ivy will appear in North Carolina during the week of April 19th with the Extension Division of the University of North Carolina, co-operating with the North Carolina Dental Society. His schedule is as follows:

Monday, April 19th, at Kinston.  
Tuesday, April 20th, at Raleigh.  
Wednesday, April 21st, at Winston-Salem.  
Thursday, April 22nd, at Charlotte.  
Friday, April 23rd, at Asheville.  
Saturday, April 24th, at Greensboro.

Beginning with the July series of lectures, there will be eight centers instead of six.

## THINGS THAT MONEY CANNOT BUY

*By E. F. SCHEWE*

(Contributing Editor, Journal, Southern California State Dental Association.)

We are all customers in the world's markets. Every man is a bundle of desires. His body hungers, his mind craves, his soul has longings. And to facilitate their gratification, men have invented money. Money is a medium of exchange; it is a standard of valuation. But is it absolute? Can it command all men and encompass all things? Or can we perhaps discover things that money cannot buy?

Now money is not "the root of all evil"; it is the "love of money" that is. Money may be benevolent or malevolent, divine or diabolical, supernal or infernal. Is lightning evil? Indeed, it strikes, but harness it and it will bear your burdens and write your messages. Money represents power, and who does not love power? Power gives us independence and invites flattery with its wagging tail. It places us upon a pedestal.

But once having that which costs sweat of brow, effort of brain, flower of manhood, and essence of endeavor, who can lose all without feeling that a part of self is lost? And yet should one spend the present in lamenting the past, and so blast today's hopes, and waste tomorrow's usefulness? Is it not this morbid brooding that brings despair and desolation, stricken hopes, broken hearts, and paralyzed sinews needed in the strife?

Uncounted millions of men and women have lost money during these distressful years, but many of them have not lost what they were. Who has not witnessed many a financial struggle ending in defeat, but a defeat in which there was no personal failure, no conscious yielding of a single foot of ground, no concession to weakness, no evasion of the truth, no display of pretended indifference, no tragic collapse. In the midst of depressions, panics, cyclones, earthquakes, dust storms, and devastating floods, there was the same genial nature, the same clear insight, the same calm fortitude, the same indomitable resolution, the same frank determination to face the worst and do the best. They were like an anchor in the storm when the tempest raged, and the billows roared, and the whirlwinds swept, it clutched the bedrock and held fast to its appointed place. Every stroke of the arm, every drop of sweat that had entered as a factor into the making, looked with pride on the achievement. Money was but an index of their capacity, a register of their ability. They now have less to live ON, but they have as much as ever to live FOR. Indeed, in many instances the obligations in their lives have multiplied, while their real wealth in human worth, courage, and faith has not diminished. For, after all, the abiding riches are those of the spirit, the enduring possessions are those of character, and these

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"accumulations of the years," these "savings of a lifetime" cannot be swept away by a "depression."

Many people, for instance, have made investments in the careful training and culture of their children, have provided them with happy memories of childhood and youth, and have enabled them to develop strong, healthy bodies, and intelligent, resourceful minds, so that now they are an asset to society and an honor to their parents. Besides, through the years these folks have contributed of their substance and personal effort to noble causes and worthy individuals, and these disbursements have enriched the lives of others without impoverishing their own. These wise expenditures are genuine savings which have not depreciated, and are yielding a return to society. During the years of helpful service they have likewise fostered simple habits of living, have stored their minds with useful knowledge, have enriched their hearts with wisdom, and have developed priceless qualities of character. If they have saved some money, it is not for a few tired days toward the end of the winding road where they might sit and count dollars. They have saved money in order that their last years may not be mentally barren nor aesthetically shabby, and that they may not be a liability to others. Above all, they have sought to save their souls by sedulously cultivating permanent values such as poise, insight, fortitude, serenity, fidelity, faith, hope, and love—values which are not purchasable with this world's coin, and which no auctioneer can ever sell out under his hammer before a gaping multitude. In these high matters many "poor" are now truly rich, and many "rich" really poor.

Such are the ascending men and women who leave behind the lowlands of yesterday, and valiantly climb the steep ascent to the sunlit summits of larger outlook and clearer vision, their countenances illuminated by the dawn of the new day, their faces, in turn, radiating light to those below.

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### THE 1938 CONVENTION

It has been suggested from many sources that the North Carolina Dental Society make arrangements to hold its 1938 annual meeting by taking a voyage, possibly to Bermuda. The nucleus of this sentiment and the most expressed enthusiasm seems to be in the Third District. Dr. C. A. Graham at Ramseur, Dr. J. B. Richardson at High Point, Dr. Neal Sheffield at Greensboro, and Dr. P. B. Whittington at Greensboro are taking quite an active interest in creating sentiment for an ocean voyage meeting. This little notice is simply to give you an opportunity to think it over before we meet in Pinehurst.

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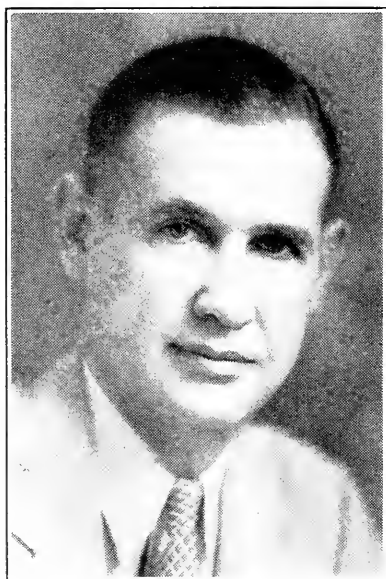
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**DR. CARL W. HOFFER**

appears on the program Monday, May 3rd, at 8:00 p.m., discussing "Conditions Which Tend to Produce Pyorrhea Lesions and How They Are Dealt With."

Progressive Clinic at 3:30 Monday afternoon.



**DR. ANDY W. SEARS**

appears on the program Tuesday, May 4th, at 10:00 a.m., discussing "Hydro-Colloid Impression Technique for Inlays and Fixed Bridges."

Progressive Clinic Tuesday, 11:00 a.m.



**DR. CLAUDE C. CANNON**

appears on the program Monday, May 3rd, at 2:00 p.m., discussing "Amalgam Manipulation."

Progressive Clinic Tuesday, 11:00 a.m.

## CODES OF ETHICS OF THE N. C. DENTAL SOCIETY AND OF THE AMERICAN DENTAL ASSOCIATION

We are reprinting herewith the Codes of Ethics of the North Carolina Dental Society and the American Dental Association. It is common knowledge, of course, that we subscribe to and are regulated by the Code of Ethics of the A. D. A. as well as of our own State.

### CODE OF ETHICS OF THE NORTH CAROLINA DENTAL SOCIETY

#### ARTICLE I—DUTIES OF THE PROFESSION TO THEIR PATIENTS

SECTION 1. The dentist should be ever ready to respond to the wants of his patients, and fully recognize the obligations involved in the discharge of his duties toward them. As they are, in most cases, unable to estimate correctly the character of his operations, his own sense of right must guarantee faithfulness in their performance. His manner should be firm, yet kind and sympathizing, so as to gain their respect and confidence, and even the simplest case committed to his care should receive that attention which is due to any operation performed on living, sensitive tissue.

SEC. 2. It is not to be expected that the patient will possess a very extended or very active knowledge of professional matters. The dentist should make due allowances for this, patiently explaining many things which may seem quite clear to himself, thus endeavoring to educate the public mind so that it may properly appreciate the beneficent effort of our profession.

He should encourage no false hopes by promising success where, in the nature of the case, there is uncertainty.

SEC. 3. The dentist should be temperate in all things, keeping both mind and body in the best possible health, that his patients may have the benefit of that clearness of judgment and skill which is their right.

#### ARTICLE II—MAINTAINING PROFESSIONAL CHARACTER

SECTION 1. A member of the dental profession is bound to maintain his honor, and to labor earnestly to extend its sphere of usefulness. He should avoid everything in language and conduct calculated to discredit or dishonor his profession, and should ever manifest a due respect for his brethren. The young should show special respect to their seniors; the aged special encouragement to their juniors.

SEC. 2. The person and office arrangements of the dentist should indicate that he is a gentleman; and he should, in all relations, sustain a high-toned, moral character.

SEC. 3. It is unprofessional to resort to public advertisements, cards, handbills, posters or signs, calling attention to "peculiar styles of work," lowness of price, special modes of operating, or to claim superiority over neighboring practitioners, to publish reports of cases or certificates in the public print; to go from house to house to solicit or to perform operations; to circulate or recommend nostrums, or to perform any other similar acts.

SEC. 4. When consulted by the patient of another practitioner, the dentist should guard against inquiries or hints disparaging to the family dentist, or calculated to weaken the patient's confidence in him; and if the interest of the patient will not be injured thereby, the case should be temporarily treated and referred to the family dentist.

SEC. 5. When general rules shall have been adopted by members of the profession, practicing in the same localities, in relation to fees, it is unprofessional and dishonorable to depart from these rules, except when variation of circumstances require it; and it is ever to be regarded as unprofessional to warrant operations or work as an inducement to patronage.

#### ARTICLE III—THE RELATIVE DUTIES OF DENTISTS AND PHYSICIANS

Dental surgery is a "specialty" in a medical science. Physicians and dentists should both bear this in mind. The dentist is professionally limited to disease of the dental organs and mouth. With these he should be more familiar than the one general practitioner is expected to be; and while he recognizes the superiority of the physician in regard to diseases of the general system, the latter is under equal obligation to respect the higher attainments in his specialty. When this principle governs, there can be no conflict or even diversity of professional interest.

#### ARTICLE IV—MUTUAL DUTIES OF THE PROFESSION AND THE PUBLIC

Dentists are frequently witnesses and at the same time the best judges of the impositions perpetrated by quacks, and it is their duty to enlighten and warn the public in regard to them. For this and many other benefits conferred by the competent and honorable dentist, the profession is entitled to the respect and confidence of the public, who should always discriminate in favor of the true man of science and integrity, and against the empiric and impostor. The public has no right to tax the time and talents of the profession in examinations, prescriptions, or in any way, without proper remunerations.

#### CODE OF ETHICS OF THE AMERICAN DENTAL ASSOCIATION

In order that the dignity and honor of the dental profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of dental science promoted, and that the members of the American Dental Association may understand more clearly their duties and obligations to the dental profession, to their patients, and to the community at large, the following Code of Ethics is prescribed:

##### GENERAL DEPARTMENT

SECTION 1. It is the duty of every dentist, and it shall be incumbent upon every member of this Association to govern his deportment in accordance with the underlying principles which have motivated the formulation of this Code. It is not assumed that the following articles cover the whole field of dental ethics; the dentist is charged with many duties and obligations in addition to those set forth herein. Briefly, the "Golden Rule" should be conscientiously applied by every member of the dental profession.

##### ADVERTISING

SEC. 2. *As an inducement to patronage in the practice of dentistry*, it is unethical and unprofessional for a dentist to employ, or permit the employment of handbills, posters, circulars, cards, signs, stereopticon slides, motion pictures, telephone, radio, newspapers, lecture, or any kind of printed or written publications or any other device for the purpose of—

- (1) Advertising personal superiority or ability to perform services in a superior manner.

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- (2) Advertising definite fixed fees, which in the nature of the professional service rendered must be variable.
- (3) Advertising statements that might be calculated to deceive or mislead the public.
- (4) Advertising any one or more types of dental service, thereby implying either superiority or lower than average fees in these fields.
- (5) Advertising under the name of a corporation, company, institution, clinic, association, parlor, or trade name.
- (6) Advertising special or allegedly exclusive methods of practice or peculiar styles of service.
- (7) Advertising reports of cases or the possession of special certificates, diplomas, etc.
- (8) Employing or making use of advertising solicitors, free publicity press agents, radio announcers, entertainers, or lecturers.
- (9) Guaranteeing or warranting operations.

The fact of promulgation of any of the forms of advertising covered in this section shall be held to be satisfactory proof that the dentist named either employed or permitted the employment of the advertising message.

#### DIRECTORY ANNOUNCEMENTS

SEC. 3. It is unethical for a dentist to permit the placing of his name in any city, commercial, telephone, or other public directory or directories in public or office buildings, using what is known as display type, or type that is in any way dissimilar from the standard in size, shape, or color, or to use any other device tending to give his name visual prominence over other names listed. It is likewise unethical for a dentist to permit the printing of his name in any kind of public directory under a heading such as "Specialists," "Surgeon Dentists," or any other heading or device that might create in the mind of the reader the impression that the individual so listed is superior to those whose names appear under the simple heading—"Dentists."

#### CARDS IN PRESS, ETC., SPECIALISTS

SEC. 4. In communities in which it is customary for professional men to insert a card in the local press, or in programs for social events, theatres, etc., the same custom may be observed by the dentist, but such cards must be of modest size and type and shall not include more than the dentist's name, title, address, telephone number, and office hours, nor shall it include any other device tending to give such announcement visual prominence over other names listed. If he confines himself to the practice of a specialty, he may announce in modest type—"practice limited to——" (announcing the specialty), but nothing more. This Association, however, believes the latter custom to be unbecoming to professional men and urges its members to abstain from such practice.

#### PERSONAL CARDS, LETTERHEADS, ANNOUNCEMENTS, ETC.

SEC. 5. A dentist is permitted to use personal professional cards of modest type announcing his name, title, address, telephone number, and office hours, and if he confines his practice to a specialty he may so announce it; he may also use modest appointment cards and diagrams for designating needed radio-graphs or operations. No illustration or other printed matter shall appear on professional cards. The same rule shall apply to letterheads, billheads, envelopes, etc. He may mail to his patients similar modest announcements, informing them of his absence from or return to practice; of the opening of

an office, a new location, etc. He may use modest size lettering announcing his name, title, and profession on his office doors or windows, or at the entrance to his office, and if he practices a specialty he may state "Practice limited to ——" (announcing the specialty). Large display signs or peculiar lighting, unusual objects or characters of any description, or anything that copies or imitates the unethical methods of the charlatan shall be deemed unethical. Signs shall be limited in number to those essential to indicate to prospective patients the location of his office.

#### SPLIT FEES, COMMISSIONS, ETC.

SEC. 6. It is unethical for dentists to pay or accept commissions in any form or manner on fees for professional services, references, consultations, pathological reports, radiograms, prescriptions, or on other services or articles supplied to patients. This Association discourages the custom of the dentist selling to patients for profit or advertising purposes, mouth washes, dentifrices, tooth brushes, or other materials or articles.

#### UNJUST CRITICISM

SEC. 7. One dentist should not disparage the services of another to patients. Criticism of operations which are apparently defective may be unjust through lack of knowledge of the conditions under which they were performed. However, the welfare of the patient is paramount to every other consideration, and should be conserved to the utmost of the practitioner's ability. If he finds indisputable evidence that a patient is suffering from previous faulty treatment, it is his duty to institute correct treatment at once, doing it with as little comment as possible, and in such a manner as to avoid reflection on his predecessor.

#### EMERGENCY SERVICE

SEC. 8. If a dentist is consulted in an emergency by the patient of another practitioner who is temporarily absent from his office, or by a patient who is away from home, the duty of the dentist so consulted is to relieve the patient of any immediate disability by temporary service only, and then refer the patient back to the regular dentist. To urge upon the patient or to institute any other treatment is unethical.

#### CONSULTATION

SEC. 9. When a dentist is called in consultation by a fellow practitioner, he shall hold the discussion in the consultation as confidential, and under no circumstances shall he accept charge of the case without the consent of the dentist who has been attending it, and until he has been assured that any differences concerning the patient's financial obligations to the previous dentist have been satisfactorily adjusted.

#### DUTY TO REPORT ILLEGAL AND UNETHICAL CONDUCT

SEC. 10. It is unethical for dentists to connive at or aid in illegal practice by others. It is their duty to expose such persons without fear or favor. Dentists shall call to the attention of the proper dental or legal authorities illegal, corrupt, or dishonest conduct on the part of any member of the dental profession.

#### TESTIMONIALS AND FRAUD

SEC. 11. It is unethical for dentists or dental organizations to give testimonials directly or indirectly, concerning the supposed virtue of secret thera-

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ATTEND YOUR STATE MEETING AT PINEHURST

pentic agents or proprietary preparations, such as remedies, vaccines, mouth washes, dentifrices, or other articles or materials which are foisted on the public, claiming radical cure or prevention of disease by their use.

It is also unethical to promise radical cures or to boast of, prescribe, or employ secret methods of treatment, secret preparations or remedies, or to exhibit certificates of skill or of success in the treatment of diseases, or to employ any questionable method to gain the attention of the public for the purpose of obtaining patronage. It is the duty of the dentist to expose dishonest methods of practice and false pretensions of charlatans and to warn the public that such practices may cause injury to health.

#### PROFESSIONAL LOYALTY AND PATRIOTISM

SEC. 12. Dentists should be good citizens and as such should bear their full part in sustaining institutions that advance the interests of humanity. They should be ever ready to counsel the public on subjects relating to dental health service. They should refrain from any act, comment, or insinuation which may reflect upon the dignity of the dental profession, not forgetting that a well merited reputation for honesty and professional ability carry with them their own reward. Thus, it is imperative that the dentist in all his relations with his patients, his fellow practitioners, and the public, shall conduct himself as becomes a member of a profession whose prime purpose is service to humanity.

#### PATENTS

Changing conditions in the modern world have brought about a situation wherein the ethics and propriety of members of the dental profession owning patent rights or having financial interests in instruments or devices for use in dental practice or the administration of dental treatment should receive reasonably liberal interpretation.

The procurement of patent rights, the whole or part ownership or the financial interest in any instrument or device for use in dental practice or the administration of dental treatment, which procurement, ownership, or financial interest may have for its object purposes other than the protection of the public, the profession and the rights of the individual, is unethical.

#### CONTRACTS

It is unethical for dentists to enter into contracts which impose conditions that make it impossible to deal fairly with the public and fellow practitioners in the locality.

#### GROUP PRACTICES, CLINICS, ETC.

Using the name "Clinic," "Institute," or other title that may suggest a public or semi-public activity, to designate what is in fact an individual or group private practice is misleading, and therefore unethical.

NOTE: Whenever there arises between members of the American Dental Association a grave difference of opinion regarding professional conduct, or questions of an ethical nature which cannot be adjusted without assistance, the dispute should be referred for consideration and settlement as follows:

1st. To a committee of impartial dentists, preferably the Committee on Ethics, or a similar committee of the local component society.

2nd. Should the verdict be unsatisfactory to either party, appeal may be taken to a similar committee of the state or constituent society of which the component society is a part.

3rd. Should the verdict still be unsatisfactory to either party, appeal may be made for final settlement to the Judicial Council, and ultimately to the House of Delegates of the American Dental Association.

4th. When differences arise between members of their respective local societies, or official units thereof, and such differences cannot be adjusted within the society, the matter should be referred first to the State Society, and thereafter, if need be, to the Judicial Council, and ultimately to the House of Delegates of the American Dental Association.

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## SECRETARY'S PAGE

Those who attended the meeting of the North Carolina Dental Society last year, at Pinehurst, need not be reminded of the splendid meeting we had, but to those who did not attend, I believe you missed one of the best, if not the BEST meeting in the history of our society. This year your officers and committees have labored strenuously to make this meeting even better and greater than that of last year. The arrangements in the hotel could not be better. There is ample room for all lectures and clinics. A full program has been arranged and with the conveniences in the building, the meeting will move along without a hitch.

Elsewhere in this Bulletin will be found an outline of the scientific program, which speaks for itself. We have been most fortunate in securing for you some of the most outstanding men in the profession. Such men as Drs. Jeserich, Cannon, Victor Sears, Andy Sears, Hoffer, Robinson, and Gurley cannot be excelled in their respective fields. There will be local essayists, as well as the table clinics, which will be well worth your attention. You are urged to attend the clinics and encourage the clinicians, who have worked so hard in behalf of the success of this meeting.

The commercial exhibits will be displayed in the glass enclosed foyer, or main entrance to the hotel. Take a few minutes of your time and visit these exhibits. The exhibitor will appreciate your visit and you in turn may get some idea that will be worth much to you.

The social program will provide sufficient entertainment. Our Entertainment Committee has arranged an attractive program for the ladies. Tuesday night the usual dance will be held in the Ballroom of the Carolina Hotel, with excellent music by the hotel orchestra. There will be enough fun for all who attend.

The success of the meeting now depends on you and your presence, so make your arrangements now and be with us. The three days could not be spent in a more profitable way.

FRANK O. ALFORD,  
*Secretary-Treasurer.*

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ATTEND YOUR STATE MEETING AT PINEHURST

## PINEHURST AGAIN

How time does fly! Another year has passed and the annual meeting of State Dental Society is very near. Most of what I have to say you will find under General Information. A few observations, however, are in order.

Your Arrangements Committees are a year older if not a year wiser. The committee members have all worked hard to prepare to show you a good time while in Pinehurst. We have had the fullest coöperation from officers of the Society.

Our first request is that you turn out in full force. We are expecting at least 500 dentists and not less than 250 of the ladies. You owe it to your Society and yourselves to be here.

Our Convention is the first one on the list at the hotel this year and you may expect mid-season Carolina service, orchestra included, and of course the Pine Room. It was my opinion last year that with meeting early in May practically all the smaller hotels would be open. I find this not the case; Easter coming earlier this year is making the hotel season shorter. However, none need have fear of not getting accommodations. The Theatre, Golf Club, Gun Club, Night Clubs, Shops, and all points of interest will be open. In addition to the Club Chalfonte there is a new night club here now, called The Dunes Club. They specialize in lobster dinners.

One of the hardest jobs is obtaining ads to finance the Bulletin, and I ask of you while here to show preference to local concerns that advertise with us. Our final request is, if humanly possible, be here Sunday afternoon. By doing this you will be able to take in golf match or skeet shoot; if not participating in either of these you will be right on time for the opening session Monday morning.

ERBIE M. MEDLIN,  
*General Chairman of Arrangements.*

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## PINEHURST—THE SPORTS MECCA OF THE MID-SOUTH— ALSO THE SCENE OF MANY CONVENTIONS

*By LOU KOCH*

Pinehurst, a resort where one relaxes, is just going into its last period of the 1937 season, its forty-first year of existence as a preëminent fall, winter, and spring resort. Each year thousands flock to this winter sports mecca on which Mother Nature smiled with a temperate climate and bounteous gifts of beauty and health-giving qualities.

Its sports calendar is always active. A diversion of sports is found here that can hardly be matched anywhere. Golf, the chief preoccupa-

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ATTEND YOUR STATE MEETING AT PINEHURST

tion, is the "king-pin," with horse interest vying for a close second. Informal golf tournaments are held here each week with a constant enthusiasm luring many from northern climes to spend a week or two, and many a season. The cottage colony is well represented. Hundreds of residents of northern, southern, western, and eastern metropolitan centers have beautiful estates here, realizing the health-giving qualities of the resort. Tennis is another important activity, with field trials also playing a major part. Each year the cream of the pointer and setter crop gather for sporty competition in the field.

Also featured on the sports calendar here is an annual steeplechase event, a dog show, horse show, several major golf tournaments, target shooting, riding, and many other outdoor diversions.

At the Carolina Hotel the elite of the social world gather during the fall, winter, and spring. The stately hostelry is also the scene of many business conventions through the season. The Carolina has been host to five Presidents of the United States.



Pinehurst is one of the largest winter horse-training centers in the country. A new high was set this year at the Pinehurst Race Track with close to 150 horses in training here, including trotters and pacers, running horses, hunters, jumpers, show horses, and polo ponies. Photo shows four of 'em hitting the turf at Pinehurst.

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ATTEND YOUR STATE MEETING AT PINEHURST

# COMMITTEES, 1936-1937

## EXECUTIVE COMMITTEE

Wilbert Jackson, <i>Chairman</i> (1939).....	Clinton
Paul E. Jones (1937).....	Farmville
C. M. Parks (1938).....	Winston-Salem
D. L. Pridgen ( <i>ex officio</i> ).....	Fayetteville
Frank O. Alford ( <i>ex officio</i> ).....	Charlotte

## PROGRAM-CLINIC COMMITTEE

Frank O. Alford, <i>Chairman</i> .....	Charlotte
A. C. Current.....	Gastonia
Jno. A. McClung.....	Winston-Salem
C. C. Poindexter.....	Greensboro
H. O. Lineberger.....	Raleigh
H. L. Keith.....	Wilmington

## ETHICS COMMITTEE

J. Martin Fleming, <i>Chairman</i> .....	Raleigh
W. E. Clark.....	Asheville
Jno. A. McClung.....	Winston-Salem
H. V. Murray.....	Burlington
H. L. Keith.....	Wilmington

## LEGISLATIVE COMMITTEE

J. N. Johnson (1937), <i>Chairman</i> .....	Goldsboro
H. O. Lineberger (1938).....	Raleigh
A. S. Bumgardner (1939).....	Charlotte
R. M. Olive (1940).....	Fayetteville
E. B. Howle (1941).....	Raleigh

## ORAL HYGIENE COMMITTEE

E. A. Branch, <i>Chairman</i> .....	Raleigh
A. Pitt Beam.....	Shelby
Phin E. Horton.....	Winston-Salem
J. C. Senter.....	Albemarle
L. J. Moore.....	Saint Pauls
Paul Fitzgerald.....	Greenville

## MEMBERSHIP COMMITTEE

Jno. F. Reece, <i>Chairman</i> .....	Lenoir
Chas. S. McCall.....	Forest City
W. C. Current.....	Statesville
C. A. Graham.....	Ramseur
Everett L. Smith.....	Raleigh
A. T. Jennette.....	Washington

## EXHIBIT COMMITTEE

Frank O. Alford, <i>Chairman</i> .....	Charlotte
O. C. Barker.....	Asheville
J. Cecil Crank.....	Greensboro
W. F. Mustian.....	Durham
Dewey Roseman.....	Wilson

ATTEND YOUR STATE MEETING AT PINEHURST

## CLINIC BOARD OF CENSORS

R. M. Olive, <i>Chairman</i> .....	Fayetteville
Victor E. Bell.....	Raleigh
J. Fred Campbell.....	Hickory
L. G. Coble.....	Greensboro
B. R. Morrison.....	Wilmington

## LIBRARIAN

Jessie R. Zachary.....	Highlands
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## EXTENSION COURSE COMMITTEE

E. B. Howle, <i>Chairman</i> .....	Raleigh
W. F. Bell.....	Asheville
Ralph F. Jarrett.....	Charlotte
J. H. Wheeler.....	Greensboro
Paul Fitzgerald.....	Greenville

## RESOLUTIONS COMMITTEE

S. Robt. Horton, <i>Chairman</i> .....	Raleigh
Clyde A. Minges.....	Rocky Mount
J. S. Betts.....	Greensboro
H. L. Keel.....	Winston-Salem
J. S. Spurgeon.....	Hillsboro

## STATE INSTITUTIONS COMMITTEE

C. C. Bennett, <i>Chairman</i> .....	Asheville
R. E. Spoon.....	Winston-Salem
C. T. Wells.....	Canton
A. S. Cromartie.....	Fayetteville
J. W. Whitehead.....	Smithfield

## MILITARY COMMITTEE

Irby H. Hoyle, <i>Chairman</i> .....	Henderson
D. O. Montgomery.....	Statesville
L. J. Dupree.....	Kinston
G. Fred Hale.....	Raleigh
A. M. Schultz.....	Greenville

## INSURANCE COMMITTEE

Neal Sheffield, <i>Chairman</i> .....	Greensboro
A. D. Abernethy.....	Granite Falls
Dan B. Mizell.....	Charlotte
M. B. Massey.....	Greenville
L. G. Hair.....	Fayetteville

## NECROLOGY COMMITTEE

R. M. Squires, <i>Chairman</i> .....	Wake Forest
W. D. Gibbs.....	Charlotte
D. H. Crawford.....	Marion
J. H. Judd.....	Fayetteville
J. H. Smith.....	Wilmington

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ATTEND YOUR STATE MEETING AT PINEHURST

COMMITTEE ON ENTERTAINMENT OF VISITORS

H. E. Story, <i>Chairman</i> .....	Charlotte
C. A. Pless.....	Asheville
Geo. C. Hull.....	Charlotte
W. T. Martin.....	Raleigh
H. K. Thompson.....	Wilmington
Nat P. Maddux.....	Asheville
L. M. Edwards.....	Durham

PUBLICITY COMMITTEE

J. P. Jones, <i>Chairman</i> .....	Chapel Hill
S. E. Moser.....	Gastonia
P. B. Whittington.....	Greensboro
S. L. Bobbitt.....	Raleigh
J. O. Broughton.....	Wilmington

GENERAL ARRANGEMENTS COMMITTEE

E. M. Medlin, <i>Chairman</i> .....	Aberdeen
Louis J. Pegram.....	Pinehurst
A. D. Barber.....	Sanford
R. M. Olive.....	Fayetteville
Wilbert Jackson.....	Clinton
R. G. Wharton.....	Sanatorium

GOLF COMMITTEE

R. P. Shepard, <i>Chairman</i> .....	Pinehurst
G. A. Lazenby.....	Statesville
J. H. Hughes.....	Rexboro

ENTERTAINMENT COMMITTEE

L. M. Daniels, <i>Chairman</i> .....	Southern Pines
W. L. McRae.....	Red Springs
G. L. Hooper.....	Dunn
H. W. Thompson.....	Hamlet
J. K. Hunt.....	Jonesboro

COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

W. M. Robey, <i>Chairman</i> .....	Charlotte
W. K. Chapman.....	Sylva
J. C. Watkins.....	Winston-Salem
H. A. Edwards.....	Greensboro
J. A. Sinclair.....	Asheville

SUPERINTENDENTS OF CLINICS COMMITTEE

W. M. Matheson, <i>Chairman</i> .....	Boone
J. T. Lasley.....	Greensboro
J. D. Kiser.....	Charlotte
Dennis Cook.....	Lenoir
Sandy Marks.....	Wilmington

ATTEND YOUR STATE MEETING AT PINEHURST

## SOCIO-ECONOMICS COMMITTEE

F. L. Hunt, <i>General Chairman</i> .....	Asheville
David Abernethy, <i>First District Chairman</i> .....	Hickory
A. S. Bumgardner, <i>Second District Chairman</i> .....	Charlotte
O. L. Presnell, <i>Third District Chairman</i> .....	Asheboro
H. O. Lineberger, <i>Fourth District Chairman</i> .....	Raleigh
Paul E. Jones, <i>Fifth District Chairman</i> .....	Farmville

## ECONOMICS COMMITTEE

Z. L. Edwards, <i>Chairman</i> .....	Washington
J. H. Wheeler.....	Greensboro
W. F. Clayton.....	High Point
C. I. Miller.....	Albemarle
I. R. Self.....	Lincolnton
H. Royster Chamblee.....	Raleigh

## EDITOR-PUBLISHER

G. Fred Hale.....	Raleigh
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## DENTAL MEMBER, N. C. STATE BOARD OF HEALTH

J. N. Johnson.....	Goldsboro
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## N. C. STATE BOARD OF DENTAL EXAMINERS

H. C. Carr, <i>President</i> (1938).....	Durham
E. B. Howle, <i>Secretary</i> (1937).....	Raleigh
C. C. Poindexter (1937).....	Greensboro
Clyde E. Minges (1938).....	Rocky Mount
W. F. Bell (1939).....	Asheville
John L. Ashby (1939).....	Mount Airy

## DELEGATES TO A. D. A.

J. Martin Fleming (1937).....	Raleigh
H. O. Lineberger (1938).....	Raleigh
Wilbert Jackson (1939).....	Clinton

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The School of Education of New York University announces the course offerings in dental education for the summer session of 1937. These courses are designed to meet the needs of graduate dentists who desire a broad outlook in their profession as teachers of dentistry and practitioners. For further information write New York University, School of Education, Washington Square, New York City.

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ATTEND YOUR STATE MEETING AT PINEHURST

## GENERAL INFORMATION

### REGISTRATION

The Registration Tables will be in the lobby of the Carolina Hotel and will be open from 8:00 o'clock Monday morning until 11:00 o'clock Wednesday morning.

Register with your District Secretary and get your badge. No one without a badge will be permitted in the meetings, nor allowed to vote in the election of officers.

Get your clinic cards for the Progressive Clinics to be held Monday afternoon and Tuesday morning. Admission to these clinics will be by cards only.

If you are not stopping at the Carolina Hotel, reservation for the Banquet must be made at the hotel desk. Those registered at the hotel will not have to make reservation for the Banquet.

### GOLF, SUNDAY AFTERNOON, MAY 2ND

The annual golf tournament will be held Sunday afternoon, May 2, at the Pinehurst Country Club. The greens fee will be only \$1.00. Play will be held over one of the new grass greened courses. Prizes will be awarded to the winners and runners-up in various divisions, according to handicaps. There will also be a prize for low net score.

All entrants are requested to bring an attested handicap from their club secretary or professional, or to bring the three best scores they have made in the last three months. This is an effort to more fairly work out handicaps.

Further information may be obtained from Dr. R. P. Shepard, Chairman Golf Committee, Pinehurst, N. C.

For those not playing golf there will be held Sunday afternoon at the Pinehurst Gun Club a Skeet Shoot. Bring your own gun. Trophies will be awarded the high score according to the Lewis code, in each of classes A, B, and C. For further information write Dr. J. K. Hunt, Jonesboro, N. C.

### BANQUET

At 6:30 o'clock on Tuesday, Main Dining Room, Carolina Hotel. The Banquet this year will be run along similar lines as last year. There will be no speeches. We will have a prominent man for toastmaster. There will be three entertainment features, namely, a quartet from the Sandhill Sixteen headed by Charlie Piequet, who will also lead in some general singing. In addition to this we will have a radio soloist and a tap dancer. Those not registered at the Carolina please secure your banquet tickets before entering dining room.

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ATTEND YOUR STATE MEETING AT PINEHURST

## DANCE 10 O'CLOCK

## CAROLINA BALLROOM—MUSIC BY HOTEL ORCHESTRA

You may count on a bigger and better dance this year. We are arranging for a floor show in connection with the dance.

## ENTERTAINMENT FOR LADIES

In addition to the Banquet and Dance, there will be a sightseeing tour visiting the places of interest in the Sandhills Monday afternoon. The committee will assist in arranging parties.

## THEATRE PARTY

Monday evening, all ladies wearing badges will be admitted free to the Carolina Theatre, Pinehurst.

## BRIDGE LUNCHEON

Tuesday morning at 10 o'clock in the Card Room of the Carolina. Prize for each table.

## OFFICERS' CONFERENCE

All officers of the State and District Societies will meet for Breakfast Conference in a private dining room downstairs, at 8:00 o'clock Tuesday morning. This meeting will be for one hour only, so you are urgently requested to be on time. Dr. J. F. Reece will preside. If you have some thought which you would like to discuss, make a note of it and present it at this conference.

## PAST-PRESIDENTS' BREAKFAST

Dr. Z. L. Edwards, Immediate Past-President, Presiding.

## HOTELS

Carolina, Headquarters Hotel, American plan. Rooms equipped with twin beds and private bath adjoining, \$14.00 per day, or \$7.00 per each person, including meals, or \$8.00 per day should a person wish to occupy room alone with private bath attached.

Good accommodations can be had at the Highland Pines Inn, Southern Pines, and also at the Lantana at Aberdeen.

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ATTEND YOUR STATE MEETING AT PINEHURST

## HOUSE OF DELEGATES

## OFFICERS OF THE SOCIETY

D. L. PRIDGEN, <i>President</i> .....	Fayetteville
J. F. REECE, <i>President-elect</i> .....	Lenoir
E. M. MEDLIN, <i>Vice-President</i> .....	Aberdeen
FRANK O. ALFORD, <i>Secretary-Treasurer</i> .....	Charlotte

## EXECUTIVE COMMITTEE

WILBERT JACKSON.....	Clinton
PAUL E. JONES.....	Farmville
C. M. PARKS.....	Winston-Salem

## ETHICS COMMITTEE

J. MARTIN FLEMING.....	Raleigh
W. E. CLARK.....	Asheville
JOHN A. MCCLUNG.....	Winston-Salem
H. V. MURRAY.....	Burlington
H. L. KEITH.....	Wilmington

## BOARD OF EXAMINERS

E. B. HOWLE.....	Raleigh
H. C. CARR.....	Durham

*First District*

S. P. GAY  
W. E. CLARK  
O. C. BARKER  
B. F. HALL  
P. P. YATES

*Second District*

J. P. BINGHAM  
J. HOMER GUION  
JOHN R. PHARR  
G. A. LAZENBY  
R. E. SPOON

*Third District*

C. A. GRAHAM  
W. R. McKAUGHAN  
DAN T. CARR  
GRAHAM PAGE  
C. I. MILLER

*Fourth District*

L. J. MOORE  
C. W. SANDERS  
J. W. WHITEHEAD  
W. L. McRAE  
J. A. JERNIGAN

*Fifth District*

PAUL E. JONES  
Z. L. EDWARDS  
W. T. RALPH  
W. L. HAND  
A. T. JENNETTE

## ANNOUNCEMENTS

You are cordially invited to attend the 69th Annual Meeting of the Georgia Dental Association at Savannah, Georgia, May 17-19, 1937. Headquarters, Hotel DeSoto.

Members of the North Carolina Dental Society are cordially invited to attend the annual meeting of the Virginia State Dental Association at Virginia Beach, May 10, 11, and 12. Headquarters, Cavalier Hotel.

ATTEND YOUR STATE MEETING AT PINEHURST

**CONSOLIDATED PROGRAM****MONDAY, MAY 3, 1937**

<b>MORNING</b>	<b>AFTERNOON</b>	<b>EVENING</b>
8:00 Registration	2:00 Dr. Claude C. Cannon	8:00 Dr. Carl W. Hoffer
9:30 Opening Session	3:30 Progressive Clinics— Dr. Victor H. Sears Dr. Carl W. Hoffer	9:00 Dr. T. A. Wilkins
11:00 Dr. Clyde A. Minges		9:15 Dr. J. Ben Robinson
11:30 Dr. Victor H. Sears	5:00 House of Delegates	

**TUESDAY, MAY 4, 1937**

<b>MORNING</b>	<b>AFTERNOON</b>	<b>EVENING</b>
8:00 Breakfast, Past-Presi- dents'	2:00 General Clinics	6:30 Banquet
8:00 Breakfast, District Offi- cers' Conference		8:00 Election of Officers
9:00 Dr. Webb B. Gurley		9:30 Meeting, House of Dele- gates
10:00 Dr. Andy W. Sears		10:30 Dance
11:00 Progressive Clinics— Dr. Claude C. Cannon Dr. Andy W. Sears		

**WEDNESDAY, MAY 5, 1937**

<b>MORNING</b>		
9:00 Dr. I. C. Clark		
9:30 Dr. Paul H. Jeserich		
11:30 General Session Adjourn		

. . . VISIT THE EXHIBITS . . . .

# PROGRAM

## NORTH CAROLINA DENTAL SOCIETY

CAROLINA HOTEL

Pinehurst, North Carolina

May 3-4-5, 1937

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### Monday Morning, May 3rd

**8:00 a.m.** Registration (Lobby) Carolina Hotel.

**9:30 a.m.** Opening Session (Music Room).

Invocation—

REV. A. J. MCKELWAY, Pinehurst, N. C. (Pastor, Pinehurst Community Church).

Address of Welcome—MR. RICHARD S. TUFTS, Pinehurst, N. C.  
(President of Pinehurst, Inc.)

Response to Address of Welcome—

W. KERMIT CHAPMAN, D.D.S., Sylva, N. C.

President's Address—D. L. PRIDGEN, D.D.S., Fayetteville, N. C.

Report of the Necrology Committee—

R. M. SQUIRES, D.D.S., Wake Forest, N. C.

Introduction of Visitors.

**11:00 a.m.** Report of Delegates to A. D. A. Meeting—

CLYDE A. MINGES, D.D.S., Rocky Mount, N. C.

**11:30 a.m.** Lecture—"Important Steps in Full Denture Construction."

By VICTOR H. SEARS, D.D.S., New York, N. Y. Former Professor of Prosthetic Dentistry at New York University, School of Dentistry; Past-President of the National Society of Denture Prosthetists; has written many technical articles for magazines and two textbooks, "Full Denture Procedure" and "Prosthetic Papers"; invented several devices used in dentistry and originated the present trend toward non-anatomic tooth forms.

**SYNOPSIS**—Full denture construction begins with the impressions, but impressions should be made according to where the chewing pressure will be placed on the tissues. This pressure is controlled by the forms and placement of the teeth. The simple laws of mechanics pertaining to the lever and the inclined plane must be understood in order to assure the maximum stability and comfort of the dentures. The scientific placement of occlusal surfaces requires no tilting of the teeth to produce lateral balance, no compensating curve and no intricate articulators. The new way produces more satisfactory results without any complicated technique.

**1:00 p.m.** Lunch.

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. . . . VISIT THE EXHIBITS . . . .

**Monday Afternoon, May 3rd****2:00 p.m.** Lecture—"Amalgam Manipulation."

By CLAUDE C. CANNON, D.D.S., Fayette, Alabama. General Practitioner, Lecturer, and Research Worker in Silver Amalgams. Has probably done more research work in this field than any man in the practice of dentistry. Has appeared before nearly all of the larger societies of the nation.

SYNOPSIS—The subject will be handled from practical points of view. Giving the effects of various manipulative processes and mentioning some of the reasons for these effects. Emphasizing the procedures that are productive of the highest type restoration, and mentioning some of the common practices that are most unfavorable in amalgam management.

**3:30 p.m.** PROGRESSIVE CLINICS, Visiting Clinicians (admission by cards only).

Clinic—"Full Denture Construction"—

VICTOR H. SEARS, D.D.S., New York, N. Y.

SYNOPSIS—The clinic will be an exemplification of the lecture given this morning, demonstrating the principles by means of models.

Clinic—"Bridge Abutments and Transparent Porcelain"—

CARL W. HOFFER, D.D.S., F.A.C.D., Nashville, Tenn.

SYNOPSIS—Bridge Abutments from a practical and esthetic standpoint, with porcelain bridgework, showing the construction of same and the use of transparent and opaque porcelain in combination with regular porcelain, for a better esthetic appearance, will be illustrated with Kodachrome slides.

**3:30**—Section I—DR. CARL HOFFER (Music Room).

Section II—DR. VICTOR SEARS (Bridge Room).

**4:15**—Section II—DR. CARL HOFFER (Music Room).

Section I—DR. VICTOR H. SEARS (Bridge Room).

**5:00 p.m.** Meeting of the House of Delegates (Bridge Room).

Business Session.

Committee Reports.

**6:30 p.m.** Dinner.**Monday Evening, May 3rd****8:00 p.m.** "Conditions Which Tend to Produce Pyorrhea Lesions and How They Are Dealt With"—Illustrated lecture by moving picture.

By CARL W. HOFFER, D.D.S., F.A.C.D., Nashville, Tenn. Former Professor of Dentistry, Vanderbilt University and Saint Louis University; Past-President, American Academy of Periodontology; Past-President, American Academy of Restorative Dentistry; Past-President, Tennessee State Dental Association.

SYNOPSIS—This subject will be covered by both lecture and moving picture, showing actual pyorrhea operation by the conservative, surgical procedure. The lecture will deal with the thorough diagnosis of a case involved and the necessary steps to take to eliminate the cause and the proper treatment following the operation to assure success of same. Electro-Coagulation in periodontal treatment will also be discussed.

. . . . VISIT THE EXHIBITS . . . .

**9:00 p.m. "Selection of Teeth for Artificial Dentures"—**

By T. A. WILKINS, D.D.S., Gastonia, N. C.

**SYNOPSIS**—There has been a great interest shown in our society in the past few years in the construction of dentures, with so little said about the selection of teeth. This important subject has seemingly been woefully neglected. This paper will deal with the principal underlying the harmony of tooth form and face form, restoring to nature that which is lost, blending with a color so cleverly and artistically that the mechanical means or surgical methods are not readily apparent. This paper will be followed up with a table clinic Tuesday afternoon.

**9:15 p.m. Lecture—"Dental Education's Responsibility to the Profession"—**

By J. BEN ROBINSON, D.D.S., F.A.C.D., Baltimore, Maryland.  
Dean, Dental Department, University of Maryland, etc.

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**Tuesday Morning, May 4th**

**8:00 a.m. Past-Presidents' Breakfast** (Private Dining Room No. 2, downstairs). All ex-Presidents of the North Carolina Dental Society are urged to be present.

Toastmaster—Z. L. EDWARDS, D.D.S., Immediate Past-President, Washington, N. C.

**8:00 a.m. Breakfast—District Officers' Conference** (Private Dining Room No. 1, downstairs). All officers of the District Societies of the North Carolina Dental Society are requested to attend. Many important matters pertaining to your society and the year's work will be discussed.

**9:00 a.m. Lecture—"The Effect of Plastic Filling Materials on the Dental Pulp"—Illustrated Lecture.**

By WEBB B. GURLEY, D.D.S., Richmond, Virginia. Head of the Department of Operative Dentistry and Oral Anatomy, Medical College of Virginia, School of Dentistry; Member Virginia Academy of Science. Graduate University of Louisville, School of Dentistry.

**SYNOPSIS**—This report is based on a partially completed study concerning the effect of plastic filling materials on the dental pulp. The filling materials used include silicate cement, zinc phosphate cement, black copper cement, and some other plastics.

A description of the method and technic will be given. Photomicrographs will be used to demonstrate the results of the reaction of the pulp tissue following irritation caused by placing plastic restorations in freshly prepared tooth cavities.

**10:00 a.m. "Hydro-Colloid Impression Technique for Inlays and Fixed Bridges"—Illustrated with Lantern Slides and a Motion Picture.**

By ANDY W. SEARS, D.M.D., Jacksonville, Fla. Graduate North Pacific Dental College, Portland, Oregon; served in Dental Corps, U. S. Army, during World War; Past-President Local, District, and Florida State Dental Societies; Member National Society of Denture Prosthetists. Lectured before many of the larger societies of the country.

**SYNOPSIS**—An endeavor will be made to show that a more accurate impression of prepared teeth for inlays and fixed-bridge abutments may be secured. I will also show that more definite margins and better contacts will result. In fixed bridges consisting of one or multiple abutments practically no adjustments are necessary when placed in the mouth. Only one impression is necessary before the return of the patient for the insertion of the completed work.

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. . . . V I S I T   T H E   E X H I B I T S   . . . .

**11:00 a.m.** PROGRESSIVE CLINICS, Visiting Clinicians (admission by card only).

Clinic—"Amalgam Manipulation"—

CLAUDE C. CANNON, D.D.S., Fayette, Ala.

SYNOPSIS—The things about which were discussed in the lecture will be put into practice. The entire technic will be outlined, with practical demonstrations made. Greater possibilities with amalgam will be shown and an effort to answer any questions that may arise will be made.

Clinic—"Hydro-Colloid Impression Technique for Inlays and Fixed Bridges"—

ANDY W. SEARS, D.M.D., Jacksonville, Fla.

SYNOPSIS—In this clinic will be the practical application of the technic described in the lecture and motion picture, illustrated by lantern slides.

**11:00 a.m.**—Section I—DR. ANDY SEARS (Music Room).

Section II—DR. CLAUDE CANNON (Bridge Room).

**12:00 m.**—Section II—DR. ANDY SEARS (Music Room).

Section I—DR. CLAUDE CANNON (Bridge Room).

**1:00 p.m.** Lunch.

## Tuesday Afternoon, May 4th

**2:00 p.m.** General Clinics (Music Room).

"Cast Alloy and Acelite for Large Individual Castings"—

A. PITT BEAM, D.D.S., Shelby, N. C.

SYNOPSIS—Showing some advantages over gold in deep-seated cavities—More tolerant—Much less thermal shock.

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"Tooth Selection and Arrangement"—

BURKE W. FOX, D.D.S., Charlotte, N. C.

SYNOPSIS—Mechanical principles involved in the selection and arrangement of teeth in full dentures, with indication for use of cusplless teeth in certain cases.

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"Removable Bridgework and Partial Dentures"—

L. O. HERRING, D.D.S., Charlotte, N. C.

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"Extra-Oral Mandibular Nerve Block"—

CAREY T. WELLS, D.D.S., Canton, N. C.

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"Correction and Stabilization of the Lower Denture"—

NEAL SHEFFIELD, D.D.S., Greensboro, N. C.

SYNOPSIS—This technique of relining lower dentures is indicated where immediate dentures have been worn, or where undue absorption of the ridge has occurred due to improper distribution of stress and in cases where the bite should be opened. The following points will be stressed:

1. Correcting the bite.
2. Correcting the occlusion.
3. Obtaining even distribution of stress to the tissues.
4. Stabilizing the denture.
5. Establishing an ideal peripheral seal.
6. Determining, to a great extent, the results to be expected before the case is vulcanized.

. . . VISIT THE EXHIBITS . . .

"A Microscopic Demonstration of the Oral Flora"—

J. E. DERBY, D.D.S., Tryon, N. C.

SYNOPSIS—Demonstrating by smears of the men present what one might expect to find in routine smearing, and shedding some light on the so-called Vincent Fusiform Complex.

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"Operative Anatomical Restoration and Anomali of the Jaws"—

J. E. SWINDELL, D.D.S., Raleigh, N. C.

SYNOPSIS—Preparation for Retention of Alloy Filling to Overcome Flow and Retain a Smooth Margin.

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"Short Cuts in Casting and Laboratory Technic"—

C. I. MILLER, D.D.S., Albemarle, N. C.

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"Impression Technique"—

C. B. YOUNT, D.D.S., Hickory, N. C.

SYNOPSIS—Retention of Lower Denture by Means of Atmospheric Pressure.

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"The Use of Individual Matrix Bands for Amalgam Fillings"—

JAMES B. RICHARDSON, D.D.S., High Point, N. C.

SYNOPSIS—Showing a simple method of using individual matrix bands in the insertion of compound amalgam fillings in order to achieve a flush and finished gingival margin with the elimination of overhang, and establishment of good contact points.

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"The Construction of Three-Quarter Crowns"—

H. V. MURRAY, D.D.S.,

R. A. WILKINS, D.D.S., Burlington, N. C.

SYNOPSIS—Stressing the Preparation of Tooth, Manipulation and Adaptation of Wax Pattern, followed by a definite Technic of Investing same.

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"Baked Porcelain Inlays Without Use of Matrix"—

WILLIAM F. BELL, D.D.S., Asheville, N. C.

SYNOPSIS—A system of baking porcelain directly into a mould made from inlay wax impression especially applicable to gingival cavities.

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"Webb Technic, Electro-Coagulation"—

FRANK W. KIRK, D.D.S., Salisbury, N. C.

SYNOPSIS—I will try and give my experience with the Electro-Coagulation method of pyorrhea as a general practitioner following Dr. Webb's technic. With patient present.

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"Amalgam Fillings" . . . BARNEY B. BISHOP, D.D.S., Tryon, N. C.

SYNOPSIS—Covering cavity preparation, application of matrix bands and placing of alloy.

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"Gold Inlays" . . . E. N. BIGGERSTAFF, D.D.S., Spindale, N. C.

SYNOPSIS—This clinic will show a direct-indirect inlay technique, whereby an accurate close fitting inlay is obtained by carving pattern from wax used in impression.

. . . . VISIT THE EXHIBITS . . . .

**"Selection of Teeth for Artificial Dentures"—****T. A. WILKINS, D.D.S., Gastonia, N. C.**

SYNOPSIS—This clinic will be a follow up and demonstration on human skulls of what I covered in my paper last night.

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**"Why Study Models Are Always Indicated as a Prerequisite to the Insertion of All Restorations"—****ALEX R. STANFORD, D.D.S.,****DICK H. ERWIN, D.D.S., Greensboro, N. C.**

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**"Playing With Gold Solder"—****L. M. FOSHTEE, D.D.S., Burlington, N. C.**

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**"The Importance of X-rays as an Aid in Diagnosing Conditions of the Oral Cavity"—****R. W. BRANNOCK, D.D.S., Burlington, N. C.**

SYNOPSIS—Presenting a collection of X-ray films and case histories—illustrating same. Showing where the use of more X-rays is indicated in the practice of dentistry.

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**"Cohesive Inlays in Small Cavities"—****J. A. SINCLAIR, D.D.S., Asheville, N. C.**

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**"Simple Method of Stabilizing Posterior Edentulous Fragment in Compound Fracture of Mandible with Vertical Displacement"—****HORACE K. THOMPSON, D.D.S., Wilmington, N. C.**

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**"Construction of a Pin Inlay"—****REID T. GARRETT, D.D.S., Rockingham, N. C.**

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**"Exodontia—Chair Clinic—Surgical Removal of Difficult Teeth,"****J. C. WATKINS, D.D.S., Winston-Salem, N. C.**

SYNOPSIS—In this clinic the operator endeavors to demonstrate the technique demanded by the case at hand to warrant most painless and favorable prognosis.

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**"Drugs Used in the Daily Practice of Dentistry"—Group Clinic—**

I. A listing of the ten most important drugs used in dentistry and an explanation of how this information was arrived at—

**DR. EVERETT L. SMITH, Raleigh, N. C.**

II. Management of Vincent's Infection—

**DR. H. ROYSTER CHAMBLEE, Raleigh, N. C.**

III. Cavity sterilization—

**DR. S. L. BOBBITT, Raleigh, N. C.**

IV. Preparation of local anesthesia—

**DR. K. L. JOHNSON, Raleigh, N. C.**

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. . . . VISIT THE EXHIBITS . . . .

V. Root canal problems—filling of canal—Ricket technic—

DR. W. HOWARD BRANCH, Raleigh, N. C.

VI. Council of Dental Therapeutics—Accepted Remedies—

DR. H. O. LINEBERGER, Raleigh, N. C.

SYNOPSIS—This clinic was decided upon after hearing Dr. U. Garfield Rickert's address, "The Dental Medicine Cabinet." Dr. Rickert has sanctioned the clinic and aided in its preparation.

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### Tuesday Evening, May 4th

- 6:30 p.m.** Banquet (Main Dining Room).  
Presentation of President's Emblem.
- 8:00 p.m.** General Session (Music Room).  
Election of Officers.  
Election of Two Members to the Board of Dental Examiners.  
Election of Delegate and Alternates to the Meeting of the American Dental Association.  
Selection of Place for Next Meeting.
- 9:30 p.m.** Meeting of House of Delegates (Bridge Room).  
Business Meeting.  
Final Reports of Committees.
- 10:30 p.m.** Dance (Music Room, Carolina Hotel). Music by Hotel Orchestra.

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### Wednesday Morning, May 5th

- 9:00 a.m.** Paper—"Cause, Diagnosis, and Treatment of Vincent's Infection."  
By I. C. CLARK, D.D.S., Mebane, N. C.
- 9:30 a.m.** Lecture-Clinic—"Some Recent Advances in Operative Dentistry."  
By PAUL H. JESERICH, A.B., D.D.S., F.A.C.D., Ann Arbor, Michigan. Professor of Operative Dentistry, Director of Operative Clinics, Director of Postgraduate Education, and Member of the Executive Committee of the School of Dentistry, University of Michigan; Director and Member of the Detroit Clinic Club.

SYNOPSIS—This lantern slide lecture will include some observations resulting from an investigation of thermal changes in the enamel, dentin, and pulp chamber from the use of revolving instruments and other operative procedures. Accurate determinations of the thermal changes taking place were recorded by the use of thermocouples inserted in teeth in the mouth. Conclusions arrived at as to the correct procedure for the use of burs and stones in order to minimize thermal changes will be given. The relative merits of the various types of inlay cavity preparations will be covered. The lecture will also include a report of the relative conductivity of enamel, gold, amalgams, and cement with a practical application of the findings. Some determinations as to the correct procedure in spruing, investing and bite taking for inlay work will be included.

- 11:30 a.m.** Meeting of the House of Delegates (Music Room).  
Business Session.  
General Session.  
Installation of Officers.  
Adjournment.

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. . . . VISIT THE EXHIBITS . . . .

## DISTRICT SOCIETIES

### DISTRICT SOCIETY OFFICERS, 1936-1937

#### FIRST DISTRICT

President.....	DR. S. P. GAY, Waynesville
President-Elect.....	DR. S. E. MOSER, Gastonia
Vice-President.....	DR. C. S. McCALL, Forest City
Secretary-Treasurer.....	DR. W. E. CLARK, Asheville
Editor.....	DR. DAVID ABERNETHY, Hickory

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### FIRST DISTRICT

Many members of the Asheville section of the First District have shown a keen interest in the extension course sponsored by the North Carolina Dental Society and the University of North Carolina. As yet we have had only the two preliminary lectures on Oral Surgery leading to the major clinician, Dr. Ivy, in April. Dr. J. A. Sinclair of Asheville gave the first lecture and Dr. W. D. Lanier of Oteen gave the second. Both men delivered very interesting and instructive messages on Oral Surgery and elicited much discussion, thereby showing that those present had given close attention to the subject.

Those members of the North Carolina Dental Society who do not take interest in the extension course must not appreciate the value of this post-

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ATTEND YOUR STATE MEETING AT PINEHURST

graduate work which is brought almost to our doors by the leaders of the profession. We should deem it an honor to belong to a State organization which is a pioneer in this work, and not only take advantage of the opportunity to attend the meetings, but should feel it a rare privilege to get such valuable instruction at so little cost.

WALTER E. CLARK.

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### FIRST DISTRICT NEWS

The First District has responded almost to the man in the current State Post-graduate Course. As a supplement to the knowledge gained in school and the skill obtained in practice afterwards, it is proving to be the needed stimulus towards rendering better dental services. It is the opinion of most men that the value derived from this course depends entirely on the attitude of the individual. If one thinks he knows all about a subject from sketchy classroom work and the treatment of subsequent isolated cases, he is badly mistaken. It would seem that extra knowledge and skill would mean the difference between success and failure in an obscure borderline case.

There have been many statements about advancing dentistry, putting more into the profession than you get out, and like phrases. In fact, there has been too much talk and too little action. We all, due to nature's limitations, cannot be a genius. We have not the time nor equipment necessary for research, but we do have the time to devote to making such a far-reaching plan as the study course a success. We can attend, listen, reject, and accept. One small change in your present technique, one small thing learned is worth the time and expenditure necessary for full attendance at all meetings. Your presence is required from the standpoint of morale, courtesy to the lecturers, and mostly for your own advantage.

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### TRI-COUNTY NEWS

The entire Tri-County Society signed for the Study Courses. The two meetings prior to Dr. Ivy's lecture on Oral Surgery were conducted by Dr. Ralph Coffey of Morganton and Dr. David Abernethy of Hickory. The acceptance of these papers was enthusiastic and there should be a good attendance at the main lecture on this most important subject. The Nurses' Society, meeting at the same time, has received favorable comment from outside sources.

We're going back to Pinchurst this year. A grand place for a meeting. (I never ate as much as I did there last year.) It will be just the right spring tonic for the "Hot House" dentist who usually works in a dry, overheated office in a strained fatiguing position day after day. For your health's sake, your practice's sake, your patients' welfare, and the old fraternal feeling, let's see you at Pinchurst. We're going to have a time, brother.

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### "PURELY PERSONAL"

Dr. J. P. Reese, who has been at Valdese for the past few years, has moved to Concord. Valdese gets another fine dentist in W. H. Parker who, incidentally, was my other roommate in the happy freshman days on Peachtree Street so long ago. We, of course, wish them both success.

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## ATTEND YOUR STATE MEETING AT PINEHURST

We were grieved to hear of the death of Dr. Ralph Coffey's father. Our sympathies are with him in his bereavement.

Flu bugs been biting 'round right much lately. Carl Mott and Mrs. Mott have been sick, as have Dr. A. D. Abernethy, Sr., and Dr. J. Fred Campbell.

What about the two men who were to supply me with happenings from the Asheville and Rutherfordton clubs?

First District news is incomplete without your aid.

The First District and the Tri-County Society take additional pride in attending the State Meeting this spring because Dr. J. F. Reese is president-elect. We'll be there, doctor, in case they try to declare you "unconstitutional" or anything like that.

Since my news gathering resources are not quite as efficient as the A. P., I have heard of no births and no marriages.

There was some rumor about an Abernethy fellow from Hickory going to be married. Let you know more about this at Pinehurst. We'll be seeing you.

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### THE IMPORTANCE OF ATTENDING PROFESSIONAL MEETINGS

It is of vast importance that any member of any profession belong to and attend meetings conducted by that profession so as to make contact with other members, keep himself informed as to what changes are taking place, and what other members are accomplishing. One should attend both to derive knowledge from others and to contribute whatsoever he can from his own experience.

These are facts which it should not be necessary to call to attention, but when one realizes the number of men in our own profession of dentistry who take no part in local societies or in any state or national organization, then one feels that too much cannot be said on the subject and an occasional reminder is pertinent, particularly when the time is drawing near for such meetings to convene.

To be a member of any profession one should be conscious of two great ends to be achieved: first, an ideal of satisfaction in his own knowledge and ability; and second, an ideal of service which he may render to those who rely on his judgment and skill. Anyone preparing himself for a professional career should desire to know and understand as many facts and to acquire as much knowledge in his profession as his innate ability provides. No man will admit that his native ability is inferior to another's, even though he must admit another's superiority in accomplishment and renown. Then what is the secret of the success and progress of some and the evident failure of others?

Everyone recognizes this truth—that progress in any trade or profession has been dependent on facts, observations, and conclusions communicated by master to apprentice, and recorded for future generations: each generation building on the foundation work of former generations. The advancement in any profession is in direct relationship to the improvement of facilities for the exchange and interchange of facts, information, knowledge, and truth, and the proper use of those facilities.

Those facilities have been provided and are steadily being improved. The facilities provided for the beginner are the numerous schools of the country, but after the schools, what? Can one, after a relatively short time spent in the classroom, stop and say to himself, "I am thoroughly prepared; I know all the facts?"

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ATTEND YOUR STATE MEETING AT PINEHURST

Far-seeing and intelligent members of the various professions have realized, to the ultimate advantage of all, that the school is not enough. They have realized that the man who has begun the practice of his chosen profession needs to be kept in touch, needs to go on learning of improvements being made every day, of new ideas and new methods being applied.

With this truth in mind, societies have been formed through which new ideas and new knowledge may be transmitted to those who spend most of their time in offices and have little time for study.

By association, man is given greater power for growth. He, like a child, learns from contact, and his power to develop is fed by ideas and lessons received from those whose knowledge and experience is greater than his own. If he scorns these associations he loses many opportunities for growth, and soon deteriorates both mentally and professionally. However, if he takes advantage of associations and keeps an open and attentive mind, he begins to learn new facts and acquires new ideas which form a basis for his own experiments. He develops his brain, and his ambition is stimulated, and he is of more service by his association and work with others.

Thus he finds a certain degree of satisfaction with himself and begins to see clearly and unselfishly how he can contribute his knowledge and professional ability to humanity.

A professional man should realize that the discharge of his knowledge to those who depend upon him presents obligations of a moral nature, to guarantee faithfulness where one seeking his services is unable to judge as to the value of the service rendered. The highest professional ethics demand that new discoveries and new processes be given to the world for the use of all who may benefit thereby, and one who makes no attempt to acquire knowledge of the latest and best in his profession has no right to give to those who seek his services—that which is not the best the profession has to offer.

To those dentists in North Carolina who would keep pace with the progress being made in our profession, let's take every advantage offered through our local, state, and national societies.

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## SECOND DISTRICT

The University Extension Course being put on by the dental profession is getting away to a good start in the Second District. The enrollment has been good, with the exception of a few places, but with the coming of the first major clinic I feel that more will come in at the last minute. The men attending the first two clinics are beginning to see what far-reaching benefits are to be derived from such a Study Course, and are very enthusiastic over it.

The men putting on the local clinics are especially enthusiastic over the benefits they are getting from having to look up the answers to the questions given. It is making us realize how much we need to keep abreast with the developments in dentistry.

HOMER GUNN.

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## OUR STATE MEETING

"He went in quest of opportunity. He searched out the needs of his fellows, and learned that reward lay in the path of service."

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ATTEND YOUR STATE MEETING AT PINEHURST

If we would serve humanity to the best of our ability, if we would create and accomplish, we must open our eyes to understanding. We must be willing to reach success by the rough and thorny path of service. We owe and must give in return for the faith and confidence of our patients, our best. This means preparation.

To be prepared to meet with patience and skill the grind of daily routine and to cope adequately with any emergency that may arise in our dental practice, it is essential that we improve our skill, read extensively, and attend scientific meetings.

An opportunity presents itself. For our Pinehurst meeting the program committee has been able to secure for lecturers and clinicians some of the best talent in the dental profession. No dentist in our Society can afford to miss these sessions. If you are interested in service and the best for your patients, you will be there. These meetings always offer a storehouse of knowledge and this one will be no exception.

Someone has said that "About all we know we have learned from the other fellow, and therefore should never miss an opportunity to pass it on." In a meeting of this kind we not only have the pleasure of meeting friends and renewing acquaintances, but of receiving and giving new ideas—ideas that may improve our skill, lighten the load, and add to the joy of serving.

Neither should we overlook the fine fellowship we enjoy at these meetings. It is good for men of the same craft or profession to mingle together. To be friendly and to have friends is one of the best things in life. So come to Pinehurst and meet all the old friends and make some new ones.

Pinehurst, "Carolina's Winter Playground," in the heart of the sandhills, the center of the State, is an ideal place to get together. It is truly a golfer's paradise, but you will find other pleasures quite as paradisiacal.

Take your appointment book and mark off these days, May 3, 4, and 5, and be with us in Pinehurst for the State meeting.

J. P. BINGHAM, *President,*  
*Second District.*

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#### PERSONAL ITEMS

Dr. B. C. Taylor of Landis and Dr. J. T. Lasley of Greensboro attended the Mid-winter Clinic in Atlanta, Ga.

Dr. C. A. Blackburn and Dr. G. W. Yokley of Winston-Salem attended the Five-State Dental Clinic at Washington, D. C.

Dr. R. L. Reynolds of Lexington, N. C., was recently elected a member of the Davidson County Board of Health.

Dr. and Mrs. O. R. Hodgins of Thomasville have returned from a trip to Bermuda.

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#### YOU CANNOT SERVE TWO MASTERS

The dental profession is a science which demands one's best efforts. The value of our services is worth no more than the honesty of the producer. We must be honest with ourselves and our patients. How long are we going to try practicing dentistry and at the same time be a farmer, merchant, realtor, banker, stock sucker, or what have you? It's a reflection upon the name of the profession for one to do other than practice dentistry. If we are not

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ATTEND YOUR STATE MEETING AT PINEHURST

interested enough in dental science to keep up with its progress and give the best it has to offer, for the sake of humanity get out of it. Why not put our whole soul, mind, and body into the study and practice of dentistry, and watch the profession grow to heights unknown.

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### THIRD DISTRICT

Turn to your appointment book and write across the dates May 3-5, "Attending the State Meeting at Pinehurst." It may be that you have not formed the habit of attending these highly instructive meetings for two reasons. First, you may think you cannot afford to attend for financial reasons; yet we find time to go on hunting and fishing trips which will cost as much or more. Second, you may be afraid you will lose a patient while away. You attend and if you do not have as many patients as your daily average come in within two weeks and tell you they came while you were away, I will set you up. Your patients like for you to attend these meetings; they feel that you are keeping up with the times.

There are many things you may gain by meeting with your fellow dentist for a few days. The dentist across the street is not your opponent but your colleague and friend, with everything in common that you have. The friendship gained there will bind you close together and the social feature of the meeting will be remembered as long as you live.

These meetings help you to find yourself. If you think you are better than anyone else and you are satisfied with your work, may God help you. You have much to learn. Then on the other hand, if you feel that you are slipping and having more troubles than anyone, there you will find comfort, knowledge, and encouragement that will send you back to your office a happier and better dentist.

C. A. GRAHAM, *President,*  
*Third District.*

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Expressions from the leaders of each set-up in the Third District, and figures, speak very loudly as to what we think of the Post-graduate Course that is being conducted.

Out of a possible 107, 78 have signed up for the course, or close to 75%. The interest and enthusiasm shown at the various group preliminary meetings are most encouraging. Papers that have been presented for discussion show that much thought and hard work have been employed. The discussion of these papers have had almost no ending, and by the time Dr. Ivey comes to us it looks as though we will be well prepared for him.

Dr. Dan Carr reports one meeting has already been held, and the second one will come the 22nd of March in the Durham section. Attendance was good and discussion of a very excellently prepared paper was most gratifying, and that everything was going over in a good way.

Dr. Tom Lasley of Greensboro set-up reports unexpected enthusiasm. One meeting has been held, and the interest shown, both in the papers presented and the discussions, show that this section of the District realize what a great opportunity this course represents. The second meeting will be held March 23rd.

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ATTEND YOUR STATE MEETING AT PINEHURST

Dr. C. I. Miller of the Albemarle group says their two meetings have been bubbling over with enthusiasm and interest. Excellent papers have been presented, and lots of thought expressed. Their view is that it is one of the greatest steps in the advancement of dentistry that North Carolina has ever experienced.

W. R. McKAUGHAN, *Secretary-Treasurer*,  
Third District.

Dr. H. W. Thompson of Hamlet has been sick since the latter part of December, but hopes to be out in time to attend the State Meeting.

## FOURTH DISTRICT

### OUR TASKS UNFINISHED

Have we reached our goal? Is the job done? Are there no other worlds to conquer? Is everything finished and folded up?

One of the weaknesses of our educational system is the feeling that when we leave college we have already attained; that we are fully prepared for our life's work; that we are entering a world where there is much to be done but largely along the same old lines; that we have learned to think and are adequately prepared to find solutions for the unsolved problems of life. How youth and age need to be reminded that learning never ends, and that all inventions and discoveries have not yet been made.

I quote from the late Lincoln Steffens, who says:

"... *That nothing is done, finally and right. That nothing is known, positively and completely.* . . . That we have not now and never have had in the history of the world a good government. That there is not now and never has been a perfectly run railroad, school, newspaper, bank, theatre, factory, grocery store; that no business is or ever has been built, managed, financed, as it should be, must be, and will be, some day. . . .

"That what is true of business and politics is gloriously true of the professions, the arts and crafts, the sciences, the sports. That the best picture has not yet been painted: the greatest poem is still unsung; the mightiest novel remains to be written; the divinest music has not been conceived even by Bach. In science, probably 99 per cent of the knowable has to be discovered. We know only a few streaks about astronomy. Chemistry and physics are little more than a sparkling mass of questions. As for the sports, young men and women are beating our old records every year."

Do we not find here a tremendous challenge? In our dental profession we do know that we have come a long way since some of us left college. Many are the improvements we have made in various branches of dentistry. But if we would not be found wanting when weighed in the balances of successful professional men, we must press on to new and waiting fields. We are yet far from what we may and must do.

Many of our problems are still just questions seeking answers. How many of us *know* why human teeth decay? Why teeth erupt abnormally and cause orthodontia problems? Why do we have pyorrhea of the gums or Rigg's Trouble, and lose perfectly sound teeth sometimes even before we live out half our days? These are but suggestive of the many questions confronting us. Who can answer? Who can find the cause of these maladies and stop them.

ATTEND YOUR STATE MEETING AT PINEHURST

or better still, prevent them? These are our problems, our questions. What are we going to do with them? It is up to us.

Dr. Alexis Carrel's thought-provoking book, "Man the Unknown," voices the same great challenge to all who are concerned with the science of living and of ministry to the human race. Surely this falls within our province, especially what can be learned to better man dietically and dentally. They who refuse to attempt to answer a clear and noble challenge are either indolent weaklings or selfish cowards.

Since these things are so, it behooves us to continue our education and research to keep eternally at the task of proving and improving, of discarding and applying.

No state has offered to its dentists a finer opportunity for self-development and professional advancement than is ours now, convenient and inexpensive, in our plan of Study Clubs and Extension Work. How better can we equip ourselves to answer our questions and solve our problems than by regular attendance at these meetings, and by studious application to every subject presented? Thus individually and as a profession we press forward.

R. M. SQUIRES.

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THE EVENT—Convention of the North Carolina Dental Society.

THE TIME—May 3-4-5, 1937.

THE PLACE—Pinehurst, North Carolina.

The Pinehurst program presents conclusive evidence of careful preparation. Papers will be presented by our most successful dentists. These men are outstanding in our profession, and information from successful men is good information. They will teach you something—if you are not too smart to learn!

Dentists should be students all their lives. A good dentist does not quit the day he graduates. In fact, he has just a good start for a lifetime of hard study. We learn from experience and we learn from literature, but the best, the latest, and the freshest information regarding the diagnosis and treatment of dental cases is secured at these meetings of our Dental Society.

This is a wonderful period of progress. A period of new discoveries every day in every line of human effort, and our profession must "keep in step."

Diagnosis in all of its practicability, the application of the newer methods, the perfection of the older and classic procedures will be retold. Clinicians of large and ripe experience will impart the technique of superior practice. Men from every part of the State will assemble for mutual interchange of opinion. They will come for a period of concentrated study. It will be a real Post-graduate Course compressed in a few days of intensive instruction.

In the progress of the future the laurels will fall on the brows of progressive men. The demands of the future on personal efficiency will be much greater than those of the past. If you are one of those who will meet these demands with great success, you will do it because you have pursued a course which will give the lie to the charge that you don't half try to keep abreast of the progress made in the Dental Profession.

You will receive a real Southern welcome, learn something new, enjoy a short vacation, and renew your inspiration.

THE EVENT—Convention of the North Carolina Dental Society.

THE TIME—May 3-4-5, 1937.

THE PLACE—Pinehurst, North Carolina.

L. J. MOORE, *President,*  
*Fourth District.*

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ATTEND YOUR STATE MEETING AT PINEHURST

In former days we were reminded of the transitory nature of time by the much used expression—*tempus fugit*. Today, we have a new expression which means virtually the same thing as the old, namely, "Time Marches On." The last expression has a present day application—it fits in with today, with things and people.

It is indeed difficult for one to realize the great truth contained in each of those expressions, and one wonders if this isn't the result of our not wishing to meditate on such a subject.

Just a few evenings ago several of the fellows were sitting in the lobby of the hotel in which we meet for dinner and our Post-graduate work when one of our number took up the thread of discussion and began to reminisce. He is a very outstanding man who has been an active member of the Dental Society for nearly a quarter of a century. All became very quiet as he related his impressions of the years he had spent in dentistry. It was indeed interesting to hear one of such a wealth of experience as he recalled the changes that have taken place in this science which is our profession during the past twenty-five years. It was even more interesting to listen as he stressed the importance of study, attending clinics and forever working to keep in step with the advancements that are taking place so rapidly today. Time has passed very rapidly for him, just as it does for all of us. We were reminded as we listened of the fact that with the passage of time there are always changes which man must adapt himself to—if he is a wise man—in order that he and his method of doing things will not become obsolete. Keeping ones self abreast of the advancing times does not only mean that man is better able to enjoy life and solve its problems—it has come to mean his very existence.

In the opinion of the writer there hasn't been any one thing to take place during his years in the profession that is going to mean more to the members of the profession than the Post-graduate Courses which the dentists are so eagerly taking advantage of. Practically all members are taking up this work with a surprising eagerness and desire to better prepare themselves, and at the same time make dentistry a greater and nobler profession.

Strange to say, there's yet to be heard one voice raised against this work which seems to be spreading like wildfire in both the professions of dentistry and medicine. Dentists have been secretly wishing for some way in which they might gain more knowledge of their work: a way in which this might be accomplished without going to a great deal of expense and trouble. In the Post-graduate Courses we seem to have the answer. And, in addition, this Post-graduate work, as now conducted, not only makes it possible for us to gain more knowledge but at the same time we are able to associate with our fellow practitioner, make new friends, and are thereby drawn closer together. Were the value of this work measured in no other terms than that alone, this value would justify its existence.

Such expressions as these seem to be the sentiments of every member that I have been privileged to discuss this work with. It represents something we have needed for a long time, and now that we have it I am thoroughly convinced that this type of work will become something permanent in our desire to better equip ourselves and serve our practice and profession. Ours is a great and noble profession—made so by great men. Today we have the torch—let's keep the good work going as we have started—through study, work, and conscientious efforts.

C. W. SANDERS, *Secretary,*  
*Fourth District.*

## ANNOUNCEMENTS

A SPECIAL INVITATION TO FRATERNITIES AND ASSOCIATED GROUPS TO ATTEND THE AMERICAN DENTAL ASSOCIATION MEETING IN ATLANTIC CITY,  
JULY 12-16, 1937

A most cordial invitation is extended to fraternities and associated groups to attend the 1937 meeting of the American Dental Association in Atlantic City, July 12-16. An unusual opportunity is offered these groups this year in the way of facilities and environment to stage meetings and reunions that will go far to solidify your ranks and advance the purposes of your organization.

Atlantic City is possessed of every qualification to make your meeting the most successful ever held. The hotels, as fine as any in the world, grouped within a convenient area along the Boardwalk and Atlantic Ocean, or a mere stone's throw from it, are all within walking distance of the great Convention Hall where the scientific program will be held.

Your fraternity has chosen a hotel for headquarters where you can be assured of ample conveniences for meetings, banquets, and lounging room to enjoy the fraternalism available only at such a gathering. With the large number of hotels to accommodate the various groups, you will find an atmosphere nearing privacy at that hotel which will be devoted largely to the housing of your members.

You can, and should, arrange now to bring your wife and family with a certainty that there will be endless entertainment, amusement, interest, education, and sociability to satisfy every wish for an ideal vacation trip. You may be sure that right at your own hotel you will meet friends and associates with whom you have longed to exchange fraternal greetings.

Make your reservation now at your group headquarters hotel. The New Jersey State Dental Society is especially anxious to help make the group meetings successful, and if there are any special requirements of your group necessary to make your sessions more attractive and beneficial, make your needs known to the Local Arrangements Committee. We are at your service.

We are anxious to welcome you to Atlantic City. Plan now to be with us!

LOCAL ARRANGEMENTS COMMITTEE,  
W. A. WILSON, *Chairman Publicity*.

ATTEND YOUR STATE MEETING AT PINEHURST

EXHIBITORS, NORTH CAROLINA DENTAL SOCIETY,  
PINEHURST, N. C., MAY 3, 4, 5, 1937

Powers & Anderson Dental Company.

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Harris Dental Company

Woodward Prosthetic Company

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Washington Dental Laboratory.

Fleming Dental Laboratory.

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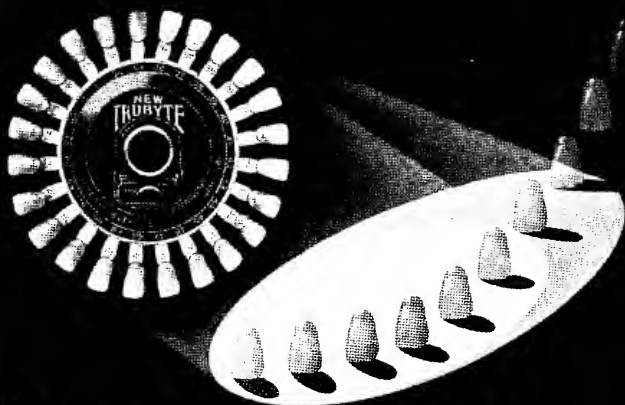
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M. H. Turner, Manager

## WELCOME, DENTISTS

Those who are well acquainted in Pinehurst already know the virtues of the Village Court Grill for a dinner or luncheon or an after-the-movie snack.

To those who are as yet unacquainted with the delightful food and service, the distinguished atmosphere, and the pleasant associations of this establishment, we can only extend a hearty invitation to come and see for themselves.

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